L23000393614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LAW OFFICES
WICKER SMITH O'HARA
MCCOY & FORD, P.A.
REGIONS BANK BUILDING
2800 PONCE DE LEON BLVD., SUITE 800
CORAL GABLES, FLORIDA 33134
(305) 448-3939
FAX (305) 441-1745

WWW.WICKERSMITH.COM

ATLANTA	BRUNSWICK	FORT LAUDERDALE	JACKSONVILLE	KEY LARGO	MELBOURNE	NASHVILLE
(407) 843-3939	(912) 266-8620	(954) 847-4800	(904) 355-0225	(305) 448-3939	(321) 610-5800	(615) 369-3300
ORLANDO	MIAMI	NAPLES	PENSACOLA	PHOENIX	SARASOTA	TAMPA	WEST PALM BEACH
(407) 843-3939	(305) 448-3939	(239) 552-5300	(850) 316-4490	(602) 648-2240	(941) 366-4200	(813) 222-3939	(561) 689-3800

November 30, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Prime Ventures Platinum, LLC
L23000393614

To whom it may concern:

Please find enclosed a Statement of Change of Registered Office for Registered Agent form completed and signed, along with a filing fee check in the amount of $25.00, in connection to the change of address of Registered Agent.

Should you need anything further, please do not hesitate to contact me.

Very truly yours,

L. Messianu

Liz C. Messianu

LCM/rhq
Enclosures as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Ventures Platinum, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Barnes
Name of Person

Prime Ventures Platinum, LLC
Firm/Company

13833 Callisto Avenue
Address

Naples, Florida 34109
City/State and Zip Code

chuckb26@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Barnes at (513) 800 . 7747
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Prime Ventures Platinum, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
13833 CALLISTO AVE.
NAPLES, FLORIDA 34109

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
13833 CALLISTO AVE.
NAPLES, FLORIDA 34109

3. August 21, 2023 — Date of filing/registration in Florida

4. L23000393614 — Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CHARLES BARNES
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
13833 Castillo Avenue
Naples, FL 34109

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CHARLES BARNES
NEW Registered Office Address:
13833 CALLISTO AVENUE
Naples, FL 34109

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Charles Barnes
Signature of a member or authorized representative of a member

CHARLES BARNES
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Charles Barnes
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INH518 (2/14)