Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE **EQUITY VENTURE 2014 LLC**

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GCT 2 0 2023

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

To: 18506176383

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

I. Na	ame of the limited liability company:	E 2014 LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/12/23		0428701
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GLOVER, TOM		
	Registered Agent and Registered Office shown on the records of		
	7901 4TH STREET NORTH SUITE 300		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
			7:
	SAINT PETERSBURG FI	33702	-
(b)	Northwest Registered Agent LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	:
	7901 4th St N		.?
	NEW Registered Office Address:		7
	STE 300		
		33702	
			
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	<u> </u>	Nat Smith	
•	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	hy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I l d'in writing of this change.	ce to act in thi, performance of I for in Chapte iereby confirm	s capacity. I further agree to comply with the fany duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
_/	Taylor Newman - Assistant Se	ecretary	