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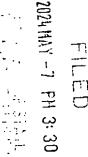
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COVER LETTER TO: Registration Section Division of Corporations Primrose Equestrian Ventures, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Krysia Carmet Nelson, Esq. Name of Person Law Offices of Krysia Carmel Nelson, PLC Firm/Company PO Box 66 Address Keswick, VA 22947 City/State and Zip Code kenelson@kenelsonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Krysia Nelson 979-0053 Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: S25 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.

I. Na	me of the limited liability company:	n Venti	ares, LLC		
2. (a)	Lillie Keenan	(b) Lillie Ke	Lillie Keenan	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	14942 Grand Prix Village Dr.		1170 5th	Ave., 7A	
	Wellington, FL 33414	_	NY, NY	10029	
	January 20, 2024		L2400002	5795	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Krysia Carmel Nelson, Esq.				
, (-,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	2596 Muirfield Court				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Wellington 111 3	3414			
	Wellington FL 33414				
(b)	Cuttin Souther from				
	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	<u>ddress</u> :	200	
	KEW Legal , P. A.			FILE 2024 HAY -7	
	NEW Registered Office Address:				
	16690 Collins Ave. Suite 1101 ATN: LEGAL	Not	1665	. 111	
	Sunny Isles Beach, FL_	3160		PH 3: 3:	
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	register oility c the lin imited	red office a ompany, it nited liabil liability co	lorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I hi I in writing of this change.	e to ac erforn for in reby c	t in this ca nance of my Chapter bl confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been	