M07000006161

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(R	Requestor's Name)		
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PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
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Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

A. LUNT

OCT -8 2008

EXAMINER

Office Use Only



800135234048

09/10/08--01022--003 **25.00

2008 OCT -7 PM 2:56

FILED



September 11, 2008

RICHARD N. KRINZMAN 1111 BRICKELL AVE. SUITE 2915 MIAMI, FL 33131

SUBJECT: VENTURE ARCHITECTS LLC

Ref. Number: M07000006161



We have received your document for VENTURE ARCHITECTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 308A00049732

Agnes Lunt Regulatory Specialist II

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: VENTURE ARCHITECT	TS LLC	·
		of Limited Liability Company)	
Dear Sir	or Madam:		•
The enc	losed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	ng.
Please r	eturn all correspondence concernin	g this matter to the following:	
	RICHARD N. KRINZMAN		•
	(Name of Person)		
			1 2
	KRINZMAN HUSS & LUBETSKY		ALL SEC
	(Firm/Company)		经
			ARY C
111	11 Brickell Avenue Suite 29 (Address)	15	
~	(Addiess)		2: 51 STAT FLORI
	Miami, Florida 33131		86 86 86 86 86 86 86 86 86 86 86 86 86 8
	(City/State and Zip Code)		P
For furt	her information concerning this ma	tter, please call:	
	•		•
RICH	ARD N. KRINZMAN	at (305)854-9700	<u> </u>
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)
		•	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Γallahassee, Florida 32301	Tallahassee, Florida 32314	
]	Enclosed is a check for the follow	ing amount:	
	3\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTER FICE OR REGISTERED AGENT OR BOTH FOR LIMITED LANDING COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	E ARCHITECTS LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2000 S. Bayshore Dr. #D-43 Coconut Grove, Florida 33133
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2000 S, Bayshore Dr. #D-43 Coconut Grove, Florida 33133
October 12, 2007	FEI 06-1688205
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, F1 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	W Registered Office address: 75 75 75 75 75 75 75 75 75 75 75 75 75
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1111 Brickell Avenue Suite 2915 Miami, Florida 33131
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company. Signature of a member or authorized representative of a member)	t address of the registered office and the business
MELISA KRINZMAN (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608; hange in the registered office address, I hereby in writing of this change.
By:	-

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

(Signature of Registered Agent)