(Requestor's Name) (Address) (Address)	500366400145
(City/State/Zip/Phone #)	05/21/2101018005 **25.00
ertified Copies Certificates of Status Special Instructions to Filing Officer:	A21 HAY 21 PH 5: 13
Office Use Only	O SIMMON JUN 23 2021

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t.



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975-010

Re: BELMONT VENTURES I, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	ame of the limited liability company:	NTURES I, LLC	
2. (a)	7807 Baymeadows Road East		
2. (11)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 205		
	Jacksonville, FL 32256		
	04/01/2010	M10000	001531
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Feldman & Mahoney, P.A.		
<i></i> (a)	Registered Agent and Registered Office shown on the records of	State:	
	2240 Belleair Road, Suite 210		2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		167 2 1
	Clearwater	33764	PH
	,	15	
(b)			·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address;	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	L 32301	
change agent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the lward E. Burr	e registered office iability company, i of the limited liabi e limited liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in ompany.
	ture of a member or authorized representative of a member	Edward E. B	Printed or typed name of signee
	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the pegistered office address. I fin writing of this change.	e performance of m ed for in Chapter 6 Thereby confirm the Corporation Serv	

Signature of Registered Agent

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

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