

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000280749 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
т	_	٠

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

LLC REGISTERED AGENT CHANGE AGINCOURT VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. BRUMBLEY

Help

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: AGINCO	OURT	VEN	TURES, 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)
	11/24/2010			00005183
3.	Date of filing/registration in Florida	 4.		Document number
5 ()	CORPORATION SERVICE COMPA	NY		
D. (a)	Registered Agent and Registered Office shown on the records		Dept. of Sta	 te:
	1201 HAYS STREET			P B T
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	ij	TOWN AUG 18 PH 2:53 SECULLAHASSEE. FL
	TALLAHASSEE	_{FL} 32301	1-2525	PH 2
(b)	Registered Agents Inc.			e s
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	
	7901 4th St N			_
	NEW Registered Office Address:	,		
	STE 300			_
	St. Petersburg	_{FL_} 33702	2	_
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the case.	of the regis Hiability co s of the lim	stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Rilling Pak		ey Park	
•	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	ete perform ded for in C I hereby co	ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
sec 1	الله Bill Havre - Assista	ant Secre	tary	

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

Signature of Registered Agent