## M1300000 4536

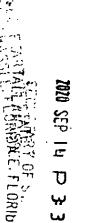
(Requestor's Name)							
, ,							
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(City/State/Zip/Phone #)							
PICK-UP WAIT	MAIL						
(Business Entity Name)							
(Description)	<del></del>						
(Document Number)							
Certified Copies Certificates of S	Status						
Special Instructions to Filing Officer:							
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Office Use Only



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QD

Smith Sold 21/20

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	e-ventures Worldwide, LLC	
	Name of Li	imited Liability Company
Dear Si	r or Madam;	
The en	closed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	er to the following:
	Jeev Trika	
	Name of Person	
	c-ventures Worldwide, Ll	LC
	Firm/Company	<del></del> _
	16726 Prato Way	
	Address	<del></del>
	Naples, FL 34110	
	City/State and Zip Code	<del></del>
	jmattix@eventuresworldwide.com	
E	-mail address: (to be used for future annual rep	ort notification)
For fur	ther information concerning this matter, please	call:
	Jeev Trika at (	239 ) 227-2428
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amoun	nt:
	☑ \$25 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.

		e-ven	e-ventures Worldwide, LLC			
1. N 2. (a)	lame of the limited liability company:  16726 Prato Way			16726 Prato Way		
z. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>r</i> :	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Naples, FL 34110			Naples, FL 34110		
	07/18/2013			M13000004536	•	
3.	Date of filing/registration in Florida	4.	-	Document number		
5. (a	Jeev Trika					
J. (u	Registered Agent and Registered Office shown on the recon		ida Dept. of S	tate:	45	
•	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRI	(22)	A POR	Q <sub>D</sub>	
	Naples	_ FL	34109		P !	
(b)	Jeev Trika			10 SE	n	
(-,	Enter name of NEW Registered Agent and/or NEW Registered	tered Office	address:		<u> </u>	
	16726 Prato Way					
	NEW Registered Office Address:			STATE LOAIDA		
			34110	<del>-</del> ,		
	Naples	, FL				
hang gent was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	f the registed Indicated the least of the le	ered office a company, it mited liabil	and the business office of the re is hereby confirmed that the c lity company or as otherwise pr	egistered hange(s)	
				Jeev Trika		
l here provis he ob o mei	nure of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	l agree to a lete perfor vided for in s, I hereby	ct in this ca nance of my Chapter 60 confirm tha	Printed or typed name of signee pacity. I further agree to comy duties, and I am familiar with 15, F.S. Or, if this document is the limited liability company	ply with the h and accept being filed has been	
Signati	rc of Registered Agent	-				