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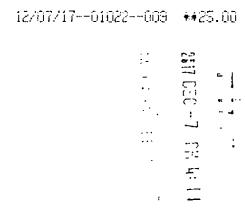
(Requestor's Name)
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100306303041



J. HARRIS

COVER LETTER

Division of Corporations				
SUBJECT: VELVET INVESTMENT GROU				
Name of Limit	ed 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:			
Lisa Kaufman				
Name of Person				
VELVET INVESTMENT GROUP, LLC				
Firm/Company				
723 Deitrich Rd				
Address				
Halifax, PA 17032				
City/State and Zip Code				
Lisamsh@48@gma	eilocom			
E-mail address: (to be used for future annual report				
For further information concerning this matter, please cal				
Name of Person at (7)	1. (362-9039			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$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.

l. Na	une of the limited liability company: VELVET	INVESTM	ENT GROUP, LLC		
2. (a)	VELVET INVESTMENT GROUP, LLC	(h) VE	ELVET INVESTMENT GROUP, LLC		
()	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4730 S FORT APACHE RD STE 300	47	4730 S FORT APACHE RD STE 300		
	LAS VEGAS, NV 89147	LA	S VEGAS, NV 89147		
	12/30/2016	M1	700000003		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:		
	BUSINESS FILINGS INCORPORATE	D			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
	1200 SOUTH PINE ISLAND RD				
	PLANTATION	_{FL} 33324	C - 7		
4.5			::		
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:			
			·		
	Registered Agents Inc.				
	NEW Registered Office Address:				
	3030 N. Rocky Point Dr. STE 150A				
	Tampa	FL_33607			
the cha agent was/withe art Signa I here provisithe obit to mer-	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the appointment as registered agent and a consoft all statutes relative to the proper and completing in the registered agent as providing the proper and completing to the proper and completing the proper and complete the p	of the registered liability compares of the limited liability the limited liability agree to act in the	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signee are capacity. I further agree to comply with the		