

9/15/2020

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
VENUZE LLC

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venuze LLC

Name of Limited 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:

Carrie Ward

Name of Person

Earp Cohn P.C.

Firm/Company

20 Brace Road, 4th Floor

Address

Cherry Hill, NJ 08034

City/State and Zip Code

cward@earpcohn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Ward

856

354-7700

at (_____) _____

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Name of the limited liability company: Venuze LLC

2. (a) 4514 Main Street, #4035, Jupiter, Florida 33458
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 4514 Main Street, #4035, Jupiter, Florida 33458
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/08/2019 Date of filing/registration in Florida

4. M19000009563 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Raymond Fox
NEW Registered Office Address:
4514 Main Street, #4035
Jupiter, FL 33458

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Raymond Fox Signature of a member or authorized representative of a member
Raymond Fox Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Raymond Fox Signature of Registered Agent