P07000074/20

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VENTHEDIC INC. (Name of Corporation)	
DOCUMENT NUMBER: <u>P07000074/20</u>	<u></u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the following:	
Name of Contact Person)	
(Name of Contact Person)	_
(Firm/Company)	
3516 Anguilla Loop. Apt. 203	 -
Tomps CG 33614 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Thmmus-w J. Chinio at (Mane of Contact Person) at (Area Code & Daytime To	7095.
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{\cdot}$ FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: VENEMEDIC, IVC 2. The principal office address: 2617 Rose havon D.
2. The principal office address: 2617 ROSE havon D.
Wesley Ctypel Fl. 33544
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{\cancel{b}/\cancel{2b}/\cancel{2007}}{\cancel{b}/\cancel{2b}/\cancel{2007}}$ Document number: $\frac{\cancel{P07000074120}}{\cancel{200700074120}}$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
2617 Roseharon In.
Wesley (4) pel Fl. 33544.
ECRI A
6. The name and street address of the new registered agent (if changed) and /or registered office SRY OF STARY
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) (Signature of an officer or director) (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Stenature of Registered Agent) (Stenature of Registered Agent)
If signing on behalf of an enrity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *