4/6/2020

Division of Corporations

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## REGISTERED AGENT CHANGE PRO-VENTURE, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Pro-Venture, Inc. 2. The principal office address: Co Rockridge Capital Holdings, LLC, 500 East Broward Blvd., Suite 2300 Fort Lauderdale, FL 33394 3. The mailing address (if different): 4. Date of incorporation/qualification: 11/15/1993 P93000078725 Document number: 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) Clasp Inc. 3001 Tamiami Trail North, Suite 400 FL 34103 Naples 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable 32301 Tallahassee 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. Jonathan DeLuca /s/Jonathan DeLuca Printed or typed name and title Signature of an officer or director 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 document 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. Corporation Service Company 03/24/20 Lother with the fill and were

If signing on behalf of an entity:

Amanda Robinson, Asst. Vice President

Signature of Registered Agent

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)