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MICHAEL D. HORLICK, P.A.

MICHAEL D. HORLICK, ATTORNEY at LAW 1314 E. VENICE AVENUE - SUITE D VENICE, FLORIDA 34285 Telephone: (941) 484-5656

Facsimile: (941) 484-1650 E-mail: mdh@mdhpa.com

BOWMAN, GEORGE, SCHEB & TOALE, P.A. SARASOTA, FLORIDA of Counsel

November 11, 2010

Florida Department of State **Division of Corporations** Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Venco Management, Inc.

Dear Sir or Madam:

Enclosed with this letter please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations along with our check in the amount of \$35.00.

Thank you for your attention to this matter.

Sincerely,

Michael D. Horlick

MDH/ras

Enclosures

cc: James Moore

Thomas B. Trammell

20101111 Venco Letter SOS Reg Agent.wpd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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1. The name of the corporation: Venco Management, Inc. 2. The principal office address: 101 West Venice Avenue, Suite 22,	
	Venice, FL 34285
3. The mailing address (if differen	nt):
4. Date of incorporation/qualificat	tion: 5/27/99 Document number: P99000051091
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the fresigned, enter resigned)
Michael	T. Hartley
101 W. '	Venice Ave., Ste. 22
Venice,	FL 34285
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
Thomas !	B. Trammell
101 W. Y	Venice Ave., Ste. 22 P.O. Box NOT acceptable
Venice,	FL 34285
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered agent,
	resolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
Sprature and other or direct	Thomas B. Trammell, III, President for Printed or typed name and title
	as registered agent and agree to act in this capacity. ee provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.
	11/4/10
Signature of Registered Ag Thomas B. Trammell If signing on behalf of an entity:	1
Typed or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)