

F 13 000004292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

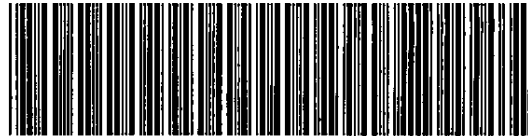
(Business Entity Name)

(Document Number)

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05/23/16--01003--011 \*\*35.00

*r/a Chg*

MAY 24 2016

R. WHITE

SECRETARY OF STATE  
FILED/ASST 11/06/16

16 MAY 23 AM 9:51

FILED

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AWAYO, INC.  
Name of Corporation

DOCUMENT NUMBER: F13000004292

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PERLA KOZINER  
Name of Contact Person

Firm/Company

1401 BRICKELL AVE, STE 330  
Address

MIAMI, FL 33131  
City/State and Zip Code

pkoziner@basc.com.bo  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR RENJEL at ( 305 ) 505 3549  
Name of Contact Person Area Code & Daytime Telephone Number

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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AWAYO INC
2. The principal office address: 19400 TURNBERRY WAY, SUITE 512, AVENTURA  
FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

PERLA KOZINER  
600 BRICKELL AVENUE, SUITE 3500  
MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PERLA KOZINER  
1401 BRICKELL AVE, STE 330  
P.O. Box NOT acceptable  
MIAMI FL 33131

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16 MAY 23 AM 9:51  
STATE OF FLORIDA  
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.

[Signature]  
Signature of an officer or director

PERLA KOZINER - OFFICER  
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 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.

[Signature]  
Signature of Registered Agent

05/16/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CORP045 (02/13)