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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120150000086 Phone

: (561)508-5033 per : (561)694-1639 Fax Number

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

Email Address:

2023 HFR 29 PH 12: 03

REGISTERED AGENT CHANGE AVANTIO INC.

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Help

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

statement of cha	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute in organized under the laws of the State of <u>Delaw</u> ir registered agent, or both, in the State of Florida.	vare	
1. The name of the corporation: Avantio Inc. 2. The principal office address: 1313 Ponce de Leon Blvd Suite 201 Miami, FL 33134 —————————————————————————————————				
3. The mailing :	address (if different):			
4. Date of incorporation/qualification: 11/21/2017 Document number: F170000				
5. The name an		stered agent and registered office on file with the		
	CORPORATION SERVICE COM	(PANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301		2	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		red agent (if changed) and /or registered office	2023 11 2 2	
	United Agent Group Inc.			
	801 US Highway 1	P.O. Box NOT acceptable	=:	
	North Palm Beach, FL 33408	Y.O. Box. NOT acceptable	61 9: n3	
The street addr	ess of its registered office and the be identical.	e street address of the business office of its regist	tered agent	
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its hoard of directors or by an officer been notified in writing of the change.	: 50	
Type	verlyn Taefey	Tymberlyn Tecfey, Attorney-in-Fact	·	
Lhereby accept	the appointment as registered a to comply with the provisions of	Printed on typed name and title agent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered agenge in the registered office address, I hereby confichange.	verformanc t. Or, if thi irm that the	
Tumb	range of Reputation	03/28/2023		
Si	manue of Registered Agent	Date		
If signing on bo	ehalf of an entity:			
· · ·	ey, Special Secretary	_		
7	yped 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)