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(Re	questor's Name)		
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COVER LETTER

Division of Corporations				
11/670 116				
SUBJECT: AVEZO LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
The cholosed Registered Agent Registered Office Change and Ice(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Gustava Costa				
Gustavo Costa Name of Person				
Name of Terson				
Miami Rogges				
Miami Spaces Firm/Company				
45 NE 39 h Street Address				
Address				
Miami FL 33/37 City/State and Zip Code				
City/State and Zip Code				
<u>gustavomiamispaces e gmail. com</u> E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for future alinual report normeation)				
For further information concerning this matter, please call:				
() () () () () () () () () ()				
Gustavo Costa at 786, 508-7001				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:AVE 20	LLC	
2. (a)	159 NE 54# St, Miami, FL 33/37	2 (h) 159	NE 54 16 C. Miami FL 33/39
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	4/24/2014 Date of filing/registration in Florida		14000067222 Document number
3.		4.	Document number
5. (a)	Pablo cimenes Registered Agent and Registered Office shown on the records of the	a Florida Dont, of	State:
	2301 Collins Ave # 1633	e Florida Dept. of	State.
٠	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)	
	Miami Beach, FL	33/39	·
(b)	Miami Beach ,FL. Miami Spaces		— 5 AUG
	Enter name of <u>NEW Kegistered Agent</u> and/or <u>NEW Registered O</u>	Office address:	• • • • • • • • • • • • • • • • • • • •
	45 NE 39th Street		ASSET
	NEW Registered Office Address:		— FR 3 □ C S S S C S S C S S C S S C S S C S C
			<u> </u>
	<i>Miami</i> , FL_	33/37	<u></u>
the char agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	he registered of pility company, the limited liab mited liability	fice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Signat	ure of a momber or authorized representative of a member	FUC	Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ly reflect a change in the registered office address, I he I in writing of this change.	e to act in this c erformance of i for in Chapter creby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatur	e of Registered Agent		