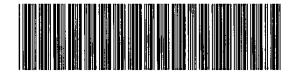
110000009702

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/Shake / Tim/Dhana 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
. (Submoss Emily Hame)				
. (Document Number)				
Certified Copies Certificates of Status				
0. 11. 1. 5. 1. 5 5 5 5				
Special Instructions to Filing Officer:				

Office Use Only



700292135537

12/05/16--01011--024 **25.00

SECRETARY OF STATE

K. SALY DEC -7 2016

COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CT: AVAFI LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	losed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this	matter to the following:			
SAUL	MISHKIN				
	Name of Person				
AVFI L	LC				
	Firm/Company				
3922 F	PEMBROKE RD				
	Address				
PEMB	ROKE PARK FL 33021				
	City/State and Zip Code				
SAUL	@NEX-XOS.COM				
E-	mail address: (to be used for future annu	al report notification)			
For furt	her information concerning this matter, p	please call:			
SAUL	MISHKIN	954 3170576			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
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	ame of the limited liability company: AVFI LLC		
2. (a)	3922 PEMBROKE RD	(b) 3922 F	PEMBROKE RD
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PEMBROKE PARK FL 33021	PEMBI	ROKE PARK FL 33021
	01/27/2010	L100000	
 (a) 	Date of filing/registration in Florida SAUL MISHKIN	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records of a 1922 TIGERTAIL BLVD	the Florida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A BUILDING 12	2016 SE TAL	
•	DANIA BEACH	33004	ZN6DEC -5 SEURETAR) FALLAHASSI
(b)	SAUL MISHKIN Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 3922 PEMBROKE RD NEW Registered Office Address:	Office address:	LED -5 PM IS 11 ARY OF STATE ASSEE, FLORIDA
	PEMBROKE PARK, FL_	33021	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization of the operating agreement of the	the registered offi ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. HKIN
I here provisi the obl to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing af this change. The of Registered Agent	ree to act in this ca performance of m d for in Chapter 6 hereby confirm tha	Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00