F0100000a698

Requester's Name

2601 S. Bayshove Dv., Suffer Zood

Address

Coconnet Grave, Fla. 33133

City/State/Zip Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)		(Document #)	4000068701842 -08/02/0201022008 *****35.00 *****35.00	
2. (Corporation Name)		(Document #)		
3(Corporation Name)		(Document #)	·	
4(C	orporation Name)	(Document #)		
Walk in	Pick up time		Certified Copy	
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS Profit		AMENDMENTS Amendment		
Not for Profit Limited Liability Domestication Other		Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION ES S		
Annual Report Fictitious Name		Foreign Limited Partners Reinstatement Trademark Other	FILED AUG-2 PM 3: 57 CRETARY OF STATE LAHASSEE, FLORID	
CR2E031(7/97)		8/8/0° RA	Examiner's Initials	

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, the undersigned corporation organized under the laws of Switzerland				
submits the following statement in order to change its registered office or registered agent, or both, in				
the State of Florida.				
1. The name of the corporation: Avina Foundation, Inc.				
2. The mailing address of the corporation: 2601 S. Bayshore Drive, Suite 2000				
Coconut Grove, FL 33133				
3. Date of incorporation/qualification: May 18, 2001 Document number: F01000002698				
4. The name and address of the current registered agent and office:				
Georg Engeli				
2601_S. Bayshore Drive, Suite 2000				
Coconut Grove, FL 33133				
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)				
Silvia Gallo 2601 S. Bayshore Drive, Suite 2000 Coconuit Grove, FL 33133				
2601 S. Bayshore Drive, Suite 2000				
Coconuit Grove, FL 33133				
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.				
(Signature of an officer, chairman or vice chairman of the board)				
Peter Cleaves, Director (Printed or typed name and title)				
Having been named as registered agent and to accept service of process for the above stated corporation, 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.				
(Signature of Registered Agent) (Date)				
(Signature of Registered Agent) (Date)				
If signing on behalf of an entity:				
AUINA FOUNDATION MANAGING DIRECTOR (Capacity)				
* * * FILING FEE: \$35.00 * * *				

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314