## L0300036404

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## COVER LETTER . .

TO: Registration Section Division of Corporations	
SUBJECT: Avatar Investment Company Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing
	-
Please return all correspondence concerning this matter to the f	onowing.
Giolaio L. Ramilez, Esa. Name of Person	_
Gruge C. Ramilos, P.A. Firm/Company	_
7300 N. Kendell Dr., State 520 Address	SEGRE!
Miami, TL 33156  City/State and Zip Code	
Giolaio low @ annil. com E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Gruloro L. Ramilez, Esq. at (305)	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
MADS Eiling Foo	5 Viling Eas & Corrified Conv

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. 1	Name of the limited liability company:	nvertment (	Company No	o. 1, UC
2. (a)		(b)	T T	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY	of limited liability company:  BE POST OFFICE BOX)
	730 NW 107 Ave., Site 120	<u> </u>	NM 107:	Ave., Surle 126
	Miami, FL 33172	Micr	ni, TZ 331	172
	9/24/2003	L <u>030</u>	00036404	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a	, Glizabeth A. Drn, CPA		· <del></del> -	
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:	
	100) yunto Road, Sute 100			20 S
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		I I I
	Buca Kalen	FL 3343)		
(b)	GIULCIO L. Premissa, 659.			TOPE THE I
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		
	7300 N. Kendall Dr., Surle 5	70		(-; - <del></del>
	NEW Registered Office Address:			
		·		
	Mirmi, F	72 33 156		
enang agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered office liability company, s of the limited liab te limited liability of	and the business it is hereby confi- ility company or company	office of the registered rmed that the change(s) as otherwise provided in
<del></del>	9)	Caixque l	· Komileto, a	atherney in bet
	ature of a member or authorized representative of a member			
provis the ob to mer	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a chap <del>ge in the regis</del> tered office address, I din writing of this change.	gree to act in this c e performance of n led for in Chapter ( I hereby confirm th	apacity. I furthen ny duties, and I a. 605, F.S. Or, if th at the limited liab	r agree to comply with the m familiar with and accept his document is being filed bility company has been
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00