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SEP. 26 2014

R. WHITE

## **COVER LETTER**

Division of Corporations		
SUBJECT: Avalor	0.0-0	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Name of Person	SSERI, Esq.	
SArvatori, Word, Bu	rekel, Carnichaely Cottes	
9132 Strade Place,	yt pa	
City/State and Zip Code  Mfp Q Swhcl. con  E-mail address: (to be used for future annual repo		
For further information concerning this matter, please of	eall:	
Name of Person at (	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	ume of the limited liability company: AVALON SHOKES CLC
2. (a)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Norte, FC 34112 San Dieso, CA 9210
2	10/21/04 204000 76316
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	N. 1/2/ 24/34
	Naprel 51 34 137
(b)	Francesce Passeri, Esq
	Enter name of NEW Registered Agent and/or NEW Registered Office address
	Sarvatori Word, Budsel, Camichael + Lottes
	NEW Registered Office Address:
	9132 Strade Place 41/2
	Naples ,FL 34108
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member  Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signaru	are of Registered Agent