## L05000001602

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: AviLex, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to the following:			
Valencia A. Bound	s			
(Name of Person)				
AviLex, LLC				
(Firm/Company)	AL BOY			
11869 Hidden Stage Coa	ch Court			
(Address)	SSEC E			
Jacksonville, FL 32223.10 (City/State and Zip Code)	ch Court  Ch Cou			
For further information concerning this	• (5			
Valencia Bounds	at (_904_)262.2660			
(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 follo	owing amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is	3: AviLex, LLC	· · · · · · · · · · · · · · · · · · ·	
2. The mailing address of	f the limited liability of	company is : 11869 Hidden Sta	ge Coach Court	
Ü	•	Jacksonville, FL		
5 January 2005		<del></del>	L05000001602	
3. Date of filing/registrat	ion in Florida	4. Document nur	nber	
5. The name of the register Florida Department of	ered agent and the reg State:	istered office address as shown	on the records of the	
	Valer	icia A. Bounds		
		Name		
8005 Macinnes Drive				
Address				
Jacksonville, FL 32244.5579  City, State and Zip				
6. The name and address of the new registered agent and/or office;				
o. The hame and address	or the new registered	agent and or other	SSF E	
	Valend	cia A. Bounds	m2 3	
Name 11869 Hidden Stage Coach Court				
	~	ss (P.O. Box NOT acceptable)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Fiorida Sueet addie	ss (F.O. Box NOT acceptable)	Pir	
		FL 32223.1619	refer to the	
	City,	State and Zip		
confirmed that after the c	hange or changes are	d under the laws of the State of I made, the Florida street address will be identical. Or, in the case he change(s) was/were authorize by or as otherwise provided in the ty company.	of the registered office	
Signature of a member or author	rand representative of a may	her)	w. =.	
mighature of a memoer of auditor	izod toprosonauto oz a mon	1001)		
Valencia Bounds	· · · · · · · · · · · · · · · · · · ·	-		
(Printed or typed name of signee				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered is of all statutes relation and accept the obligation this document is being that the limited liabi	agent and agree to act in this cove to the proper and complete pons of my position as registered a filed to merely reflect a chang lity company has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(managed of respinsion trigonity)				