## <u>LOSOOOO253S9</u>

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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10/14/16--01023--027 \*\*50.00



D. SCOTT **OCT** 1 4 2016

## COVER LETTER

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FO: Registration Section Division of Corporations		٠,	
AVH, LLC			
Nar	ne of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	<b>Ç</b> .
Please return all correspondence concerning th	nis matter to the	following:	
MARIO J GARCIA, CPA			
Name of Person		_	
MARIO J GARCIA, CPA			
Firm/Company			
7700 CAMINO REAL, #D-411			
Address		<u> </u>	
MIAMI, FLORIDA 33143			
City/State and Zip Code		<del></del>	15 <b>3</b>
MIAMIMARIO@AOL.COM			温温
E-mail address: (to be used for future an	nual report notif	īcation)	変 デ
For further information concerning this matter	r, please call:		179, F
MARIO J GARCIA, CPA	305 at (	389-7616	SECTION AND AND AND AND AND AND AND AND AND AN
Name of Person		Area Code & Daytime Tele	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	M. Re Di P.O Ta		
Enclosed is a check for the followin	g amount:		
☑ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Cop	ру
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. N	ame of the limited liability company: AVH, LLC					
2. (a)	9100 SOUTH DADELAND BOULEVARD		(b) 9100 SOUTH DADELAND BOULEVARD			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite #600		Suite #6	600		
	Miami, Florida 33156		Miami, Florida 33156			
	03/14/2005		L050000	25359		
3.	Date of filing/registration in Florida			Document number		
5. (a)	Arellano Jr., Agustin R					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	rida Dept. of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET 7051 S.W. 12th. Street	ADDRE	ESS)	_		
	Miami	, 3314	14	- 		
	, 1	<u></u>				
(b)						
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	<u>address</u> :			
				- SS 4		
	NEW Registered Office Address:			9 to		
	9100 South Dadeland Boulevard, Suite #600			- 4		
	Miami , Fl	<sub>L</sub> 3315	56			
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the re iability of the limite	he State of Flogistered office company, it is imited liability disability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.		
Signa	ture of a member or authorized representative of a member		gustin R. A	Printed or typed name of signee		
I here provis the ob to mer	by accept the appointment as registered agent and agions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e nertai	rmance of my .	acity. I further agree to comply with the duties, and I am familiar with and accent		
Signati	re of Registered Agent					