L0500006086Z

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COVER LETTER

Division of Corporations	*
SUBJECT: ADVENT TECHNO (Name of Li	DLOGIES, LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
JOSEPH A. PEREIRA, J. (Name of Person)	₹
(Firm/Company)	
10300 SW 72 ST. #470 (Address)	ي م
MIAMI, FL 33173 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
JOSEPH A. PEREIRA, JR (Name of Person)	at (<u>305</u>) <u>598 - 3180</u> (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

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 limited liability compar	y is: ADVENT TECHNOLOGIES, LLC.
2. The mailing address of the limited liabili	ity company is : <u>13323 SW 135 AVE</u> .
	MIAMI FL 33186
3. Date of filing/registration in Florida	<u>L0500060862</u> 4. Document number
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the
MILLIAM 13323 : MIAMI 6. The name and address of the new register JOSEPH A 10300 50 Florida street ad MIRM	Name SW 135 AVE Address FL 33186 City, State and Zip red agent and/or office: A. PEREIRA JR Name N 72 ST #470 J Idress (P.O. Box NOT acceptable) 1 FL 33173 ity, State and Zip
If the limited liability company is not organ confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability com or the operating agreement of the limited liability com or the operating agreement of the limited liability com or the operating agreement of the limited liability com or the operating agreement of the limited liability com or the operating agreement of the limited liability company.	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited at the change(s) was/were authorized by an affirmative vote pany or as otherwise provided in the articles of organization ability company.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00