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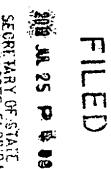
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

Divisi	on of Corporations				
SUBJECT: _	Avast Group, LLC				
_	Name of Limited Liability Company				
Dear Sir or Ma	adam:				
The enclosed l	Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.		
Please return a	all correspondence concerning thi	s matter to the fol	llowing:		
Vinton G. B	ent				
	Name of Person		-		
Avast Group	o, LLC				
	Firm/Company		•		
2222 Kettle	Dr				
	Address		•		
Orlando, Flo	orida 32835				
	City/State and Zip Code		•		
vinton@ava	strealtygroup.com				
E-mail a	ddress: (to be used for future ann	ual report notifica	ntion)		
For further inf	ormation concerning this matter,	please call:			
Vinton G. Be	ent	407 at (	383-2818		
	Name of Person	_ \	Area Code & Daytime Telephone Number		
Registration SectionReDivision of CorporationsDiClifton BuildingP.		Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclo	sed is a check for the following	amount:			
☑ \$25	Filing Fee	<b>\$</b> 55	Filing Fee & Certified Copy		

TO:

Registration Section

## 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.

. Na	ame of the limited liability company: Avast Group	LLC		
. (a)	1001 W Donegan Ave	(b) 2222 Kettle Dr  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	Kissimmee, FL 34741	Orland	do, FL 32835	
	01/02/2007	 L07000	0000589	
	Date of filing/registration in Florida	4.	Document number	
. (a)	Vinton G.Bent, GMGRM			
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET	— TALSE		
	1001 W Donegan Ave		CRE TI	
	Kissimmee	34741	TILE  SECTARY OF  ANASSEE.	
(b)	Vinton G. Bent, GMGRM  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	OF STATE	
	NEW Registered Office Address:		<del></del>	
	2222 Kettle Dr			
	Orlando FI	32835		
ie cha gent v as/we	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered of iability company, of the limited liab imited liability of the limited liability of the l	fice and the business office of the registere it is hereby confirmed that the change(s) ility company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
rovisi 1e obl 1 mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in this c performance of r ed for in Chapter ( hereby confirm th	apacity. I further agree to comply with the nv duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed at the limited liability company has been	
ignatu	re of Registered Agent			