

**L08 0000026381**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : ~~(850) 647-6383~~ **850-248-6030**

From:

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number : 076402003516

Phone : (239) 514-1000

Fax Number : (239) 514-0377

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
AVIANCE CAPITAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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January 7, 2019

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

AVIANCE CAPITAL PARTNERS, LLC  
2180 IMMOKALEE ROAD  
SUITE #301  
NAPLES, FL 34110

SUBJECT: AVIANCE CAPITAL PARTNERS, LLC  
REF: L08000026381

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

FAX Add. #: H19000004384  
Letter Number: 619A00000344

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MIAMI AIRPORT

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVIANCE CAPITAL PARTNERS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA GABEL

Name of Person

GRANT FRIDKIN PEARSON, P.A.

Firm/Company

5551 Ridgewood Drive, Suite 501

Address

Naples, FL 34108

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Gabel

at ( 239 )

514-1000

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314

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# 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. Name of the limited liability company: Aviance Capital Partners, LLC
2. (a) 2180 Immokalee Road, Suite 301  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Naples, FL 34110
- (b) 2180 Immokalee Road, Suite 301  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Naples, FL 34110
3. 3/13/2008  
Date of filing/registration in Florida
4. L08000026381  
Document number
5. (a) Kevin A. Denti, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2180 Immokalee Road, Suite 316  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Naples, FL 34110
- (b) Aviance Capital Partners, LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Jack Brown  
**NEW Registered Office Address:**  
2180 Immokalee Road, Suite 301  
Naples, FL 34110

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alexandra Gabel  
Signature of a member or authorized representative of a member

Alexandra Gabel, Esq.

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jack Brown  
Signature of Registered Agent

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

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