## L10000023079

| (Re                                     | questor's Name) | )           |  |  |  |
|---|-----------------|-------------|--|--|--|
| (Address)                               |                 |             |  |  |  |
| (Address)                               |                 |             |  |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |  |
| (Business Entity Name)                  |                 |             |  |  |  |
| (Document Number)                       |                 |             |  |  |  |
| Certified Copies                        | _ Certificate   | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |  |
|   |                 |             |  |  |  |
|   |                 |             |  |  |  |
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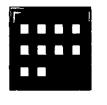
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SECRETARY OF STATE
AND AMASSEE, FLORIDA

## **COVER LETTER**

| Division of Corpo   | rations  |   |           |             |                           |
|---|--|---|-----------|-------------|---------------------------|
| SUBJECT:  | Avantce Capital1 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 correspo  | ndence concerning                              | this m  | atter to  | the follow  | ving:                     |
|   | er N. Filthaut                                 |   |           | _           |                           |
| Nan   | ne of Person                                   |   |           |             |                           |
|   | stor Services LLC<br>n/Company                 |   |           |             |                           |
|   | mi Trail N. Suite 4<br>ddress                  | 116   |           |             |                           |
|   | FL 34103-3586<br>te and Zip Code               |   |           |             |                           |
| rainer@<br>E-mail address: (to be used  | inter-realty.com<br>for future annual report n | otificatio  | en)       | _           |                           |
| For further information co  | oncerning this matt                            | er, plea  | ase call: | :           |                           |
| Rainer N. F   | ilthaut  | _ at (  | 239       |             | 213-4000                  |
| Name of Perse   | on   |   | 4         | Area Code & | Daytime Telephone Number  |
| STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida | tions<br>ter Circle                            | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |           |             |                           |
| Enclosed is a che   | ck for the followin                            | ıg amo  | unt:      |             |                           |
| \$25 Filing Fee   |  | \$55 Filing Fee & Certified Copy  |           |             |                           |

TO: Registration Section



## IRC INVESTOR SERVICES LLC

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Contact: Rainer N. Filthaut

Direct Line: (239) 213 4002

E-Mail: rainer@inter-realty.com Naples,7/12/2011

Re: Avantce Capital 1 LLC

Dear Sirs

Please find attached cover letter and form "statement of change of registered office or registered agent or both for limited liability company" for Avantce Capital 1 LLC and a check of \$ 25.00 for the filing fee.

If you have any questions, please do not hesitate to contact us.

Best regards,

IRC INVESTOR SERVICES LLC

an

Rainer N. Filthaut



## 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.

| Name of the limited liability company:   | Avantce Capital1 LLC   |  |  |  |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company   | y: 3838 Tamiami Trail N. Suite 416   |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | Naples, FL 34103-3586  |  |  |  |
| (b) Mailing address of limited liability company:  | 3838 Tamiami Trail N. Suite 416  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   | Naples, FL 34103-3586  |  |  |  |
| 03/02/2010   | L10000023079   |  |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on   | ≥  |  |  |  |
| Registered Agent:  | Aivars Lode  |  |  |  |
| Registered Office Address:   | 3103 Leeward Lane  |  |  |  |
|  | Naples, FL 34103   |  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>   |  |  |  |  |
| NEW Registered Agent:  | IRC Investor Services LLC  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 3838 Tamiami Trail N. Suite 416  |  |  |  |
|  | Naples ,FL34103-3586   |  |  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of thember | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote   |  |  |  |
| Aivars Lode  | _  |  |  |  |
| Printed or typed name of signee  |  |  |  |  |
| I hereby accept the appointment as registered agent and a<br>comply with the provisions of all statutes relative to the pr<br>and I am familiar with and accept the obligations of my po<br>Chapter 608, F.S. Or, if this document is being filed to me<br>address, I hereby confirm that the limited liability compan   | igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change. |  |  |  |

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

Signature of Registered Agent