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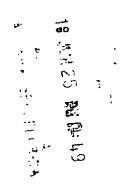
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
				
Special Instructions to	Filing Officer:			
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COVER LETTER

Division of Corporations				
SUBJECT: Aventin Roalty 2, LC				
Name of Lim	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Arturo Sison Name of Person				
Aventh Realty 2, LLC Firm/Company				
848 Brukell Ave, Ste 3	05_			
MCM1 £1, 33x31 City/State and Zip Code				
SIQ CONTROL GOOD SILVER	t notification)			
For further information concerning this matter, please of	all:			
Name of Person at (186, 502.4502 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			

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.

I. Nai	me of the limited liability company: Aventin Realty	2, LLC	
2. (a)	848 Brickell Ave#305. (b) 818	Brickell Ave	#305. Mian
_, ,,	Principal office address of limited liability company: MWM	Mailing address of limited	
	(Note: MUST BE STREET ADDRESS) (13313)	(<u>Note: MAY BE POST</u>	OFFICE ROX
	-7 10ml -		3.J
2	$\frac{O+12810}{\text{Date of filing/registration in Florida}} \qquad \qquad \underline{L'10}$	Document number	7+
3.	1011 0 1 1 0	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	_ 	
	EABRICAL AVE SE 305. Michi fi		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	_ 	
	, FL	_	60 (n
(b)	Arturo Siso		
ν	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ဟိ ႏ
	OAO Cadall An Classot		
	NEW Registered Office Address:	<u>.</u>	.
	Mami, A 33131		÷ 50
	, FL		
		-	
the chai	mited liability company is not organized under the laws of the State of Flonge or changes are made, the Florida street address of the registered office	e and the business off	fice of the registered.
agent w was/we	all be identical.) Or, in the case of a Florida limited liability company, it is reauthorized by an affirmative vote of the members of the limited liability.	s hereby confirmed the company or as other	nat the change(s) rwise provided in
	cles diforganization or the operating agreement of the limited liability con	mpany.	·
Signat	ure of a member of authorized representative of a member	Printed or typed name o	f signee
_		**	•
provision the obli	ing of aff standersyclative to the proper and complete performance of my gations of dayposition as registered agent as provided for in Chapter 60:	duties, ånd Lam fami 5. F.SOr, if this doc	liar with and accept ument is being filed
to mere notified	what the appointment as registered agent and agree to act in this cap inst of all standes yelative to the proper and complete performance of my gations of the position as registered agent as provided for in Chapter 60: In writing of this change.	the limited liability c	ompany has béen
	e of Registered Agont		
SIGNATUL	e or negligicação ngogue		

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