## L10000 123299

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





700314881777

06/25/18--01028--013 \*\*25.00



JUN 26 PRICE

## COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: Aventin Cypital	of Limited Liability Company
· · · · · · · · · · · · · · · · · · ·	with the same of t
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
AVTUV SSO  Name of Person	
Aventu Captal Lud, L	
848 BY CKell Ave, Ste Address	305
Micros A 133131 City/State and Zip Code	
E-mail address: (to be used for future annua	Treport notification)
For further information concerning this matter, pla	ease call:
Arturo Sisc	ar ( 786, 507.4502
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 an	nount:
\$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 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.

	ame of the limited liability company: Avento Capital fund LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of (Note: MAY BE)			
3. 5. (a)	12/01/200 L100001232  Date of filing/registration in Florida 4. Document nur  VSH Register Agent Serve Inc	mber		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  LAG Brickell AW St. 355. Man (H 3313)  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2.7 2.9 3.1 to 100 2.7 to	2018 JUN 2	essainter gressin
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	en j	5 MM 8:01	7
	SAC Brickell Ave Ste 305.  NEW Registered Office Address:  MIMI J 33131			
	FL			
the char agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is here inge or offanges are made, the Florida street address of the registered office and the busin will be identical. Or, in the case of a Florida limited liability company, it is hereby confirere authorized by an affirmative vote of the members of the limited liability company or a icles of organization or the operating agreement of the limited liability company.	ess office of med that the	the reg	gistered gc(s)
Signat	ture of a member or authorized representative of a member Printed or typed	name of signee		
provision the oblication to mere	by accept the appointment as registered agent and agree to act in this capacity. I further ions of all statutes relative to the proper and complete performance of my duties, and I arlightions of my position as registered agent as provided for in Chapter 605, F.S. Or, if the ely reflect a change in the registered office address, I hereby confirm that the limited liable in writing of this change.	· agree to con n familiar wi is document pility compan	nply w th and is bein y has	vith the l accept ng filed been
Signatur	ne of Registered Agent			