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H230000505283ABCZ

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Division of Corporations

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From:

ä

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future; \mathcal{D} annual report mailings. Enter only one email address please. ** Ξ

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LLC REGISTERED AGENT CHANGE AVIOS TRADERS LLC

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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 695.0114 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.

. (a)		,	is)				
. ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(b)				company;
	382 NE 1918(St #91131		382 NE	191st St. #91134			
	Miami, Florida 33179-3899		Minmi, Florida 33179-3899				
	16/24/2011		1.11000121148				
	Date of filing/registration in Florida	4.		Document no	unber		
. (a)							
, (4,)	Registered Agent and Registered Office shown on the record SMALLBIZ AGENTS, LLC	fs of the Floric	la Dept. of S	 itale;			
	Registered Office Address (MUST BE FLORIDA STRE	ETADDRES	<u></u>				
	9100 Conroy Windermere Road 200-UAS						
	Winermere						
		· ' ' ·					
(b)					1		
(.,)	Finter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:		6	2023	
	LUGALING CORPORATE SERVICES INC.				٠,	3 FF3	
	NEW Registered Office Address:			- 		1 CD	=-
	476 Riverside Ave						itcb
	Jacksonville					PH I2: 4	•
nange gent w as/we ie arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membercles of organization or the operating agreement of	the register the register d liability cors of the lin	s State of F ed office a ompany, it nited liabil	Florida, it is here and the business is hereby confi- lity company or	eby confi office of rmed that as othery	rmed the reg the reg t the ch vise pro	gistered
herek rovisie v obli mere	by accept the appointment as registered agent and one of all statutes relative to the proper and completions of my position as registered agent as providy reflect a change in the registered office address for writing of this change.	ete perform ided för in l	ance ii) mi Namer si	pacity. I further duties, and I a	r ugree u m familie	compl ir with	and accep

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00