L1200028913

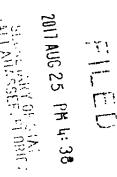
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				
WRONG FORM				

Office Use Only



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K. SALY AUG 3 0 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2017

AZ INVEST LLC ALEXANDER DANILOV 16425 COLLINS AVE. #1115 SUNNY ISLES BEACH, FL 33160

SUBJECT: AZ INVEST LLC Ref. Number: L12000028913

We have received your document for AZ INVEST LLC and your check(s) total ling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP/ LLLP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00014569

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: AZ INVEST LLC					
	Name o	of Limited Liab	pility Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and fe	ec(s) are submitted for filing.			
Please	return all correspondence concerning this r	natter to the fo	Howing:			
Danile	ov, Alexander					
	Name of Person		-			
AZ IN	IVEST LLC					
	Firm/Company		-			
3930	Executive Way					
	Address		-			
Miran	nar, FL, 33025					
	City/State and Zip Code		-			
info@	turbobeds.com					
E	-mail address: (to be used for future annual	report notifica	ation)			
For fur	ther information concerning this matter, ple	rase call:				
Alexa	nder Danilov	305 at (496-3673			
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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.

1. N	ame of the limited liability company: AZ INVEST	LLC				
2. (a)	3930 Executive Way	(b)	(b) 3930 Executive Way			
J. ()	Principal office address of limited liability company: (Note: MUST BE STRUET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miramar, FL, 33025		Miramar	, FL, 33025		
_	02/29/2012	 	L120000			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept, of State	:		
	305 West Ansin Blvd. Registered Office Address (MUST BE FLORIDA STREET)	r (DDBECC)				
	Registered Office Address [MUST BE FLORIDA STREE]	ADDRESS		. 25		
(b)		ı. 33009		2017 AUG 25		
(",	Enter name of NEW Registered Agent and/or NEW Registered 3930 Executive Way	d Office add	ress:	ED PH 4: 38		
	Florida street address (P.O. Box not acceptable)			·		
	Miramar	-L330:	25			
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis: liability cor of the limi e limited li	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
···	40//	Dan	ilov, Alex			
	attre of a menthe authorized representative of a member		1 .	Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to act e performa led for in C I hereby co	in this cape nce of my o hapter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed he limited liability company has been		
Signate	ne of Registered Agent					

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