U2000028913

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

Office Use Only



800313680148

05/24/18--01009--025 **35.00

2018 JUH - 7 AM BE O.I.

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:AZ INVEST LLC					
Name of Limited Partnership o	r Limited Liability Limited Partnership				
DOCUMENT NUMBER: L12000028913					
The enclosed Statement of Change of Registe fee(s) are submitted for filing.	red Office and/or Registered Agent and				
Please return all correspondence concerning t	his matter to:				
Danilov, Alexander					
Contact Person					
AZ INVEST LLC					
Firm/Company					
17201 Collins Ave, #2904					
Address					
Sunny isles beach, FL 33160)				
City. State and Zip Code					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matte					
Danilov, Alexander	at (305) 496-3673				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to t	he Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					



May 25, 2018

DANILOV, ALEXANDER 17201 COLLINS AVE #2904 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) totaling \$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, but your entity is a FL 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.

Letter Number: 118A00010987

Dionne M Scott Regulatory Specialist II



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.

L. Na	une of the limited liability company: 42	LAVISZ	LLC	
2. (a)	3930 Executive way	(b) <u>3'</u>	930 Execu	tive way
	Principal office address of limiteddidbility company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability ©/ mpany: BE POST OFFICE BOX)
	Minumar, Fl 33025	<u> N</u>	liramar, Fl	
	02/19/2012 Date of filing/registration in Florida		120000	
3.		4.	Document n	umber
5. (a)	Dawlov Alexander Registered Agent and Registered Office shown on the records of	the West to Don't	CStatus	
	3930 Executive Way 172	the Florida Dept.	ns Ave 29	904
	Registered Office Address (MUST BE FLORIDA STREET.			
(b)	Mingwan Sunny Isles Mingwan Beach, FI Daulov Allyander Enter name of NEW Registered Agent and/or NEW Registered 3930 Executive Way NEW Registered Office Address:		<u>53</u> 3N20 	ALL AHASSES LONG
	Minaman FI	3302	<u>"</u>	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address.	f the registered ability compan of the limited liability Limited l	office and the busing, it is hereby confiability company of the company. WIOV HI Printed or type is capacity. I furth	ness office of the registered irmed that the change(s) as otherwise provided in AYAAACV dname of signee

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