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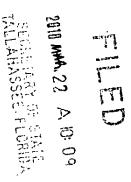
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Listings Line)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 20, 2018

Order#: 122368/049

Re: AVESTA REAL ESTATE FUND I LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.	. Name of the limited liability company: AVESTA REAL ESTATE FUND I LLC					
2.	(a)		(b	)		
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······································	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		5118 N 56TH STREET	•••	P.O. BOX 311029		
		TAMPA, FL 33610	<del></del>	TAMPA,	FL 33680	
		03/08/2012		L120000	033656	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of  MCINTYRE, RICHARD J, ESQ.  Registered Office Address (MUST BE FLORIDA STREET)	the Florida	-	:	
			1221120	2		
		501 EAST KENNEDY BOULEVARD SUITE 1900		<del> </del>	20	
			33602	<u> </u>		
	(b)					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ade	<u>dress</u> :	SE A D	
		1201 Hays Street			59 <b>5</b>	
		NEW Registered Office Address:				
		Tallahassee , FL	, 32301			
th ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability confither the	stered office ompany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/S/ ALBERTO DE ALEJO Alberto De Alejo, Authorized Person						
Signature of a member or authorized representative of a member Printed or typed name of signee						
pr th to	ovisi e obl mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	performe d for in C	ance of my a Chapter 605.	tuties, and I am familiar with and accept . F.S. Or. if this document is being filed	
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kir	by, Asst. Vice President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314