## 112000035929

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



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Office Use Only



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#: 122368/051

Re: AVESTA REALTY HOLDINGS 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. N	lame of the limited liability com	pany: AVESTA REA	LTY HOLE	DINGS LLC					
2. (a)	1		(b	)					
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			1	Mailing address of lim (Note: MAY BE PO			r:	
	5118 N 56TH STREET			P.O. BOX 311029					
	TAMPA, FL	33610	<u>.</u>	TAMPA,	FL 33680				
	03/14/2012			L120000	35929	· · · · · · · · · · · · · · · · · · ·			
3.	Date of filing/registra	ation in Florida	4.		Document number	er			
5. (a	)								
J. (a	Registered Agent and Registered Of	fice shown on the records	of the Florida	Dept. of State	<del>-</del> e:				
	MCINTYRE, RICHARD J, ESQ.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_				
	<u> </u>								
	501 EAST KENNEDY BOL	LEVARD SUITE 1900	)		_				
	TAMPA	, F	FL 33602						
		,			<del>-</del>				
. (b)	Corporation Service Compar	ıy			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	200			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				- - 		i i i i i i i i i i i i i i i i i i i		
					1057 25 m	苦	گانگت بری طبیعتد بورو		
	1201 Hays Street			50 S.	22	3			
	NEW Registered Office Address:					$\triangleright$		,	
							( Application of the state of t		
					- 22				
					224 1234 E-3	-			
	Tallahassee	, F	FL 32301		-				
the chagent was/v	limited liability company is not nange or changes are made, the li will be identical. Or, in the cas were authorized by an affirmative ticles of organization or the ope	Florida street address of a Florida limited to the vote of the members	of the regis liability co s of the lim	stered office ompany, it i lited liabilit	e and the business s hereby confirme y company or as o	office of that the	of the regine change	stered (s)	
	ALBERTO DE ALEJO				o, Authorized Pers	son			
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee					
provi the oil to me	eby accept the appointment as resions of all statutes relative to the bligations of my position as regionally reflect a change in the region writing of this change.	egistered agent and a he proper and comple stered agent as provid stered office address,	gree to act te perform ded for in ( I hereby co	t in this cap ance of my Chapter 602 onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this a the limited liabili	ree to c amiliar documen ly comp	comply with and control is being any has be	h the iccep filed een	
Signa	ture of Registered Agent Corporation	n Service Company	, BY· G	race E. Ki	rby, Asst. Vice P	resider	ıt		

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