

W13000007783

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : **Ana M. Sanz**
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LLC REGISTERED AGENT CHANGE
AVIMAR FC, LLC

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B. BOSTICK

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EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: AVIMAR FC, LLC
2. (a) Principal office address of limited liability company: 1510 Washington Avenue
Miami Beach, FL 33139
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1510 Washington Avenue
Miami Beach, FL 33139
(Note: **MAY BE POST OFFICE BOX**)

January 15, 2013

L1300007783

3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>Diana M. Annessar</u>
Registered Office Address:	<u>9245 SW 187 Street</u> <u>210</u> <u>Palmetto Bay, FL 33187</u>

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	<u>Interamerican Corporate Services LLC</u>
NEW Registered Office Address:	<u>2525 Ponce de Leon Boulevard</u> <u>Suite 1225</u> <u>Coral Gables, FL 33134</u>

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maurizio Fiorini
Signature of a member or authorized representative of a member

Maurizio Fiorini
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Maurizio Fiorini
Signature of Registered Agent

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

INHS18 (05/08)