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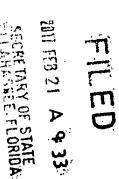
, (Re	questor's Name)							
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	AVALON CONCEPTS	AVALON CONCEPTS LLC				
-		ne of Limited Liability Company				
Dear S	Sir or Madam:					
The en	sclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
ADA (OJOBO					
	Name of Person	<u></u>				
AVAL	ON CONCEPTS LLC					
	Firm/Company					
5830	BERKFORD DRIVE					
	Address					
HOLII	DAY, FL 34690					
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
avalo	nconcept@gmail.com					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
ADA (OJOBO	727 301 5886				
	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18	8 (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	lame of the limited liability company:AVALON	CONCEP	TS LLC	•			
2. (a)	2198 MAIN STREET	(b)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	_	ess of limit 4 <i>Y BE PO</i> .		ty company: ICE BOX)
	SARASOTA, FL 34237						
	01/23/2014	L	.14000012	966			
3.	Date of filing/registration in Florida	4.	D	ocumen	t number		
5. (a)	, JAENSCH. PETER J.						
J. (a)	Registered Agent and Registered Office shown on the records	s of the Florida I	Dept. of State:				
	2198 MAIN STREET						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)					
					4	2017	APPET TE
	SARASOTA	FL 34237			20 m	FR	
		rL			TAR ASS	1-3	m
(b)	ADA OJOBO					_	П
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:		13 13	₽ ₽	
	5830 BERKFORD DRIVE				OF STATE		
	NEW Registered Office Address:				>	٣	an *
				i		•	F
	HOLIDAY,	FL_34690					
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the regist d liability cor rs of the limit the limited lia	ered office a npany, it is he led liability of ability compa	ind the b nereby co company any.	usiness onfirmed	ffice o	f the registered e change(s)
Cion	ature of a member or authorized representative of a member	ILIYA	A TODOR				
-	Y • • •				yped name	-	
provis the ob to mer	eby accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as proved rely reflect a change in the registered office address writing of this change.	agree to act i ete performa ided for in Ci , I hereby coi	n this capac nce of my du hapter 605, I nfirm that the	ity. I fun ities, and F.S. Or, e limited	rther agr l I am far if this do l liability	ee to co niliar v cumen compa	omply with the vith and accept t is being filed ny has been
Signat	ure of Registered Agent						