

L14000142239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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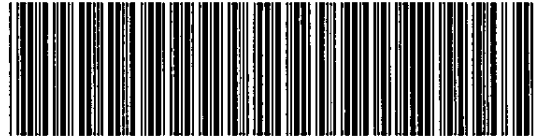
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avalon Alliance, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Tanio  
Name of Person

Avalon Alliance, LLC  
Firm/Company

16711 Collins Ave Unit 808  
Address

Sunny Isles Beach, FL 33160  
City/State and Zip Code

craig.tanio@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Tanio at ( 410 ) 404-3408  
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

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OFFICE OF STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: Avalon Alliance, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
16711 Collins Ave  
Sunny Isles Beach, FL 33160

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
 \_\_\_\_\_  
 \_\_\_\_\_

3. September 11, 2014 Date of filing/registration in Florida  
 4. L14000142239 Document number

5. (a) Corporation Service Company  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1201 Hays Street  
Tallahassee, FL 32301

(b) Marshall Socarras Grant, P.L.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
197 S. Federal Highway, Suite 200  
NEW Registered Office Address:  
 \_\_\_\_\_  
Boca Raton, FL 33432

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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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.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

Craig Tanio  
 Printed or typed name of signee

*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 605, 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.*

\_\_\_\_\_  
 Signature of Registered Agent