L14000 145 115

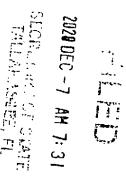
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





400355948664

12/07/20--01021--013 **25.00



O SIMMONS O STARE



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 3, 2020

Order#: 532453/001

Re: AVITA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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:Ami Casper 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. Na	me of the limited liability company: AVITA LLC			
2. (a)	2019 NW 89 Place		(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Doral, FL 33172			
	09/22/2014		L14000148	3118
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	AMKE Registered Agents, L.L.C.			5.00
J. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State	
	One SE Third Avenue, Suite 2250			2020 DEC -7
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Miami ,	FL_3313	1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> Corporation Service Company <u>NEW Registered Office Address:</u>			-
	1201 Hays Street			
				-
	Tallahassee	FL_32301		_
change agent v was/we	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the street in the corrections of the corrections.	the registe I liability or rs of the li	red office and company, it is mited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_/s/ R	Romano Coutrot	Ro	mano Coutro	ot, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as provietly reflect a change in the registered office address, din writing of this change.	agree to ac ete perforn ided for in , I hereby c	et in this cape nance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
(Cein Lei	Corporat	ion Service	Company
Signatu	ire of Registered Agent	Ami M.	Casper, Ass	t. Vice President