15000212063

(Re	questor's Name)				
(Ade	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				

Office Use Only



500314363355

DENTED BY THE BULL SANTALINE

LLAHASSEE, FLORIS

COVER LETTER

TO:	Registration Section Division of Corporations	·					
SUBJI	rer.	AVERS & OUTDOOR LIVING SOLUTIONS, LLC					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the following:					
Renis	amin Cottrell						
	Name of Person						
	Name of Person						
Cottre	ell Tax & Accounting LLC						
	Firm/Company						
5147	Castello Drive						
	Address						
Naple	es, FL 34103						
	City/State and Zip Code						
admi	n@cottrelltax.com						
F	E-mail address: (to be used for future and	nual report notification)					
For fur	rther information concerning this matter	r, please call:					
Benja	amin Cottrell	at () 449-4881					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations Division of Corporations						
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314					
	2661 Executive Center Circle Tallahassee, Florida 32301	таналамы, тинца 32314					
	,	- amanat					
	Enclosed is a check for the following	_					
	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (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.

	ame of the limited liability company: FLORIDA EV		WI AVE.10 G 00.12		
(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) 171 Commercial Blvd		
	171 Commercial Blvd	1			
	Naples, FL 34103	Naples, FL 34103			
	12/23/2015	Ĺ ¹	15000212063		
•	Date of filing/registration in Florida	_ _{4.} _	Document num	ber	
3.				₹. 8	
5. (a	Registered Agent and Registered Office shown on the records of	of the Florida De	ent, of State:	2018 C	
		il die : terrem 120		JUN-7 AM 9: 3 LAK I JE LIKE LAHASSEE FLORID	<u> </u>
	WICKER, JOHN M	T ADDRESS)		-7	
	Registered Office Address (MUST BE FLORIDA STREET 12670 NEW BRITTANY BLVD SUITE 101				TI)
			<u></u>		
	FORT MYERS, I	_{FL} 33907		0.00 9.00 S	
	COTTRELL TAX & ACCOUNTING LLC				
	NEW Registered Office Address:				
	5147 Castello Drive	<u></u> .			
	Naples ,	FL_34103			