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(Re	questor's Name)	.		
(Ad	dress)			
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(Address)				
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
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COVER LETTER

TO: Registration Section Division of Corporations				
AV POWER LLC SUBJECT:				
	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:			
BILZANIA E. GONZALEZ HERNANI	DEZ			
Name of Person				
Jour of Aly				
Firm/Company				
1617 CORAL RIDGE DRIVE				
Address				
CORAL SPRINGS, FL, 33071				
City/State and Zip Cod	e			
bilgonzalez@icloud.com				
E-mail address: (to be used for future	annual report notification)			
For further information concerning this mat	ter, please call:			
BILZANIA GONZALEZ	954 257-2866 at ()			
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			

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	ame of the limited liability company:	.C		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1617 Cora Ringe Dr. Cora Springs, FL, 3507 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/19/2016	 L1600	0098273	
3.	Date of filing/registration in Florida BILZANIA E GONZALEZ GONZALEZ HERNA	4. ANDEZ	Document number	
5. (a))			
	Registered Agent and Registered Office shown on the records of the 1617 Coral Ridge Drive Coral Springs, Fl, 330		State:	
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)		
) SE OTÝIS
	, FL			
				PARTE NO PER CONTRACTOR NO PER
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	office address:		
	Enter hame of the wivegovered Agent and or the wivegovered St	Hite Madatas.		D RF STA RPGRAT
				<i>≠</i> *
	NEW Registered Office Address:			™ Z
		-		
	. FL			
the ch agent was/w the ar	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability of the li	he registered of bility company, the limited liab imited liability	ffice and the business office it is hereby confirmed that oility company or as others	ce of the registered at the change(s) wise provided in
Sign	aure of a member or authorized representative of a member		Printed or typed name of s	signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I he writing of this change. Number 19	e to act in this of erformance of t for in Chapter ereby confirm to	capacity. I further agree t my duties, and I am famili 605, F.S. Or, if this docu hat the limited liability con	o comply with the ar with and accept nent is being filed mpany has been
Signat	ure of Registered Agent			