L16000/71966

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





600290297786

09/26/16--01036--018 **25.00

NICE SEP 26 P 3: 28

D. BRUCE SEP 28 2016

COVER LETTER

TO: Registration Section Division of Corporations	
- SUBJECT: MS. AVENS SO Name of Li	n - Correction of agent name
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Mothew Avery Name of Person	
Ms. Averys Sun UC Firm/Company	
328 GIRVEWOOD AVE S	
Lahigh Acres FL 33 City/State and Zip Code	936 936
E-mail address: (to be used for future annual rep	oort notification) 28
For further information concerning this matter, please	call:
Matthew Avery at (2) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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: MS Avery 5 Son, UC
2. (a)(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
328 Gravarion Ave s.
LeLigh Acres FL 33936
3. Date of filing/registration in Florida 4. Document number
5. (a) Mathew Acres Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Lehigh Acres , FL 33936 address just (b) Matthew Assessed Office address of AVERY Performed Applicated Office address
(b) Matthew they AVERY name of age
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
FL
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 artists of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Matthew Avery 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 further got this change.
Signatule of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00