

L16006217495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

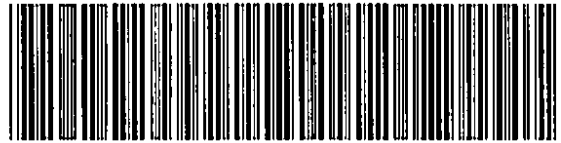
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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8-29-18
LTS

GRAY ROBINSON
ATTORNEYS AT LAW

720 S.W. 2ND AVENUE
SUITE 106
GAINESVILLE, FLORIDA 32601
TEL 352-376-6400
FAX 352-376-6484
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WEST PALM BEACH

352-376-6400

RUPA.LLOYD@GRAY-ROBINSON.COM

August 2, 2018

FL Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Via Certified Mail Receipt: # 9214 8901 8318 7400 0000 45

Re: Statement of Change of Registered Agent

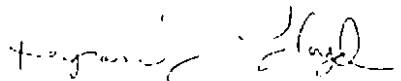
CORPORATION: AAVANTI, LLC
DOCUMENT NO: L16000217495

To Whom It May Concern:

On behalf of our client, Aavanti, LLC, enclosed please find the Statement of Change of Registered Agent for the above referenced corporation. Also enclosed is a checks made payable to the Florida Department of State for \$25.00 which represents the filing fee for this change.

Please forward confirmation of the filing to my attention at GrayRobinson, P.A., 720 SW 2nd Ave. Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 376-6485, or by e-mail at rupa.lloyd@gray-robinson.com.

Sincerely,



Rupa S. Lloyd, Partner
Attorney at Law

Encl:

Statement of Change of Registered Agent
Check for \$25.00 (filing fee)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAVANTI, 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:

BARRY BYRNE

Name of Person

AAVANTI, LLC

Firm/Company

123 NW 23RD STREET

Address

GAINESVILLE, FL 32607

City/State and Zip Code

byrne.aavanti@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY BYRNE

at (352) 494-4473

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. Name of the limited liability company: AAVANTI, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3324 W. UNIVERSITY AVE #261

3324 W. UNIVERSITY AVE #261

GAINESVILLE, FL 32607

GAINESVILLE, FL 32607

11/30/16

L16000217495

3. Date of filing/registration in Florida

4. Document number

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

DELL SALTER, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

203 NE 1ST STREET

GAINESVILLE, FL 32601

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

GRAYROBINSON, P.A.

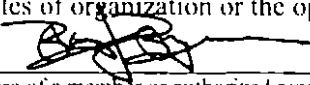
NEW Registered Office Address:

720 SW 2ND AVE, SUITE 106

GAINESVILLE, FL 32601

FILED
2018 AUG 24 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, 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 articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Barry J. Byrne

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