

L17000190006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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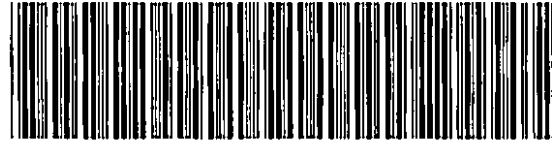
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 DEC -8 AM 8:01

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O SIMMONS

JAN 25 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avalanche Communications LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Eudy  
Name of Person

Avalanche Communications LLC  
Firm/Company

9466 Seminole Blvd, #281  
Address

Seminole, FL 33772  
City/State and Zip Code

Steve@AvalancheCommunications.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Goodrick at (202) 641-1015  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Avalanche Communications, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

1705 Lagoon Road

Lakeland, FL 33803

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

9466 Seminole Blvd, #281

Seminole, FL 33772

9/6/2017

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3. Date of filing/registration in Florida 4. Document number

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

Carolyn Adcock

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4021 Lexington Court

Largo, FL 33771

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

Donny Eudy

NEW Registered Office Address:

1705 Lagoon Road

Lakeland, FL 33803

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2020 DEC - 8 AM 8:01  
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.

Donnie D. Eudy  
Signature of a member or authorized representative of a member

Don Eudy  
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.

Donnie D. Eudy  
Signature of Registered Agent