

47000225581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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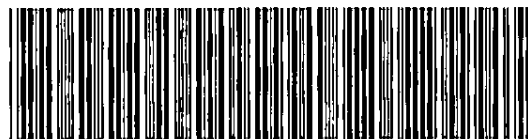
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVI & AST PROPERTIES 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:

BRIAN BRANNIGAN

Name of Person

FLORIDA SPIRIT VACATION HOMES

Firm/Company

1503 LEGENDS BLVD.

Address

CHAMPIONS GATE, FL 33896

City/State and Zip Code

OWNERS@FLORIDASPIRIT.COM

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

For further information concerning this matter, please call:

BRIAN BRANNIGAN

Name of Person

at (407) 396 4441

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

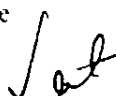
MAILING ADDRESS:

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: AVI & AST PROPERTIES LLC
2. (a) 1556 CAREY PALM CIRCLE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
KISSIMMEE, FL 34747
- (b) AV. DO CONTORNO, 915 AP. 402
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CABO FRIO, RJ 28908-522
BRASIL
3. 09/06/2019
Date of filing/registration in Florida
4. L17000225581
Document number

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

FLORIDA TAX HOUSE LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7550 FUTURES DR. SUITE 306

ORLANDO, FL 32819

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

FLORIDA SPIRIT VACATION HOMES

NEW Registered Office Address:

1503 LEGENDS BLVD.

CHAMPIONS GATE, FL 33096

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.

ANDERSON SERGIPE VIEIRA

Signature of a member or authorized representative of a member

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