L18000069533

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<u>n</u>
(Cit	y/Otate/21p/F11one #	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
ζ		,
(DC	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
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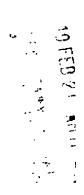
Office Use Only



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RINUM

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJ	Avery Bayou LLC		
		me of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the fo	ollowing:
Than	e E Benson		
	Name of Person		
Aven	y Bayou LLC		
	Firm/Company		_
2030	Ketch Circle		
	Address		
Palm	Harbor/ FL. 34683		
	City/State and Zip Code		_
Aver	yBayouLLC@gmail.com	V	,
E	-mail address: (to be used for future and	nual report notific	eation)
For fu	rther information concerning this matter	, please call:	
Than	e Benson	727 at (656-5889
	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	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	2 \$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.

(a)	2030 Ketch Cir	(b	2030 Ketch Cir
\ <i>/</i> -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Palm Harbor		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Palm Harbor
	Florida. 34683		Florida. 34683
	March 16, 2018		L18000069533
·	Date of filing/registration in Florida Legalinc Corporate Services, Inc.	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of 5237 Summerlin Commons	the Florida	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET Suite 400	ADDRESS	<u>SSI</u>
	Fort Myers , FI	33907	<u>u</u>
(b) _	Thane E Benson		100
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ddress:
	2030 Ketch Circle		
	NEW Registered Office Address:		
	Palm Harbor	34683	3
chan nt wi wer artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regis ability co of the limited li	sistered office and the business office of the registers company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
gnatu	re of a member or authorized representative of a member		Printed or typed name of signee
reb	y accept the appointment as registered agent and agents of all statutes relative to the proper and complete	ree to act performa	ct in this capacity. I further agree to comply with th nance of my duties, and I am Jamiliar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been