

L18000274310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

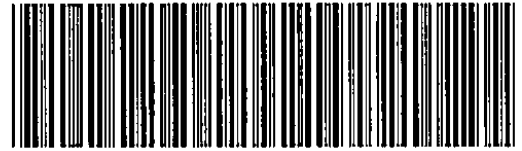
(Business Entity Name)

(Document Number)

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V SULKER

SEP 25 2019

SEP 25 2019  
SEP 25 2019

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEEDFUNDERS AVIDEA FUND, 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:

DAVID CHITESTER

\_\_\_\_\_  
Name of Person

SEEDFUNDERS AVIDEA FUND, LLC

\_\_\_\_\_  
Firm/Company

501 1ST AVE N, STE 901

\_\_\_\_\_  
Address

ST PETERSBURG, FL 33701

\_\_\_\_\_  
City/State and Zip Code

DAVE@CHITESTER.COM

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

For further information concerning this matter, please call:

DAVE CHITESTER

813

335-0322

\_\_\_\_\_  
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  
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 Florida.*

1. Name of the limited liability company: SEEDFUNDERS AVIDEA FUND, 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**)

501 1ST AVE N, SUITE 901

501 1ST AVE N, SUITE 901

ST PETERSBURG, FL 33701

ST PETERSBURG, FL 33701

11/27/2018

L18000274310

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:

DAVID CHITESTER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

260 1ST AVE SOUTH

ST. PETERSBURG, FL 33701

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

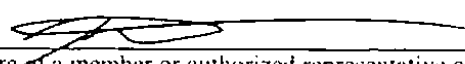
DAVID CHITESTER

**NEW** Registered Office Address:

501 1ST AVE N, SUITE 901

ST PETERSBURG, FL 33701

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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

Jonah Hanowitz  
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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.*

David Chitester

Signature of Registered Agent