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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AVI Productions 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:		
CASSIE Minnich Name of Person		
Third Circuit Reporters a Video		
136 SW Nassau Street Address		
Lake City, FL 32025 City/State and Zip Code		
Cassie e all court reporters. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cassie Minnich at (386) 365-0588		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
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.

l Na	ime of the limited liability company: <u>AVI Productions</u> LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  136 SW Va SSav Street, Lake City Po Box Sp. Lake City Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Folguary 25 2019  Date of filing/registration in Florida  4. Document number  Authoritieation Code:
5. (a)	Chevenne Woseley Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 190304115203-300325
	United States Corporations Agents INC  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  3 178 93#
	13302 Winding OAK Court A  TAMPA .FL 336/2
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	136 SW Nassau Street 75 7
	NEW Registered Office Address:
	Lake City .FL 32025
agent w was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.  On a Minicol  Printed or typed name of signee
I hereb provision the oblition mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	e of Registered Agent