## L19 000 183490

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

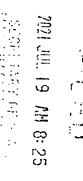
Office Use Only



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08/01/2021 HT



## **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT	Avviso Technologies LLC	
	Name of I	imited Liability Company
Dear Sir or	r Madam:	
The enclos	sed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this mat-	ter to the following:
Alexander	Balmaseda	
	Name of Person	
Avviso Tec	chnologies	
	Firm/Company	
690 Main S	Street #13782	
	Address	
Safety Harl	bor, Florida, 34695	
	City/State and Zip Code	
balmasedaa	alex@gmail.com	
E-ma	ail address: (to be used for future annual re	port notification)
For further	r information concerning this matter, pleas	c call:
Alexander	Balmaseda	1 813-992-0483
	Name of Person	Area Code & Daytime Telephone Number
Re Di P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the following amou	int:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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	me of the limited liability company: Avviso Techno	ologies LLC					
2. (a)	690 Main Street #13782	(h	(b) 690 Main Street #13782				
L, (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limite		_	
	Safety Harbor, Florida 34695		Safety Harb	oor, Florida 34695			
	07/17/2019		L190001834	190			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LEGALINC CORPORATE SERVICES INC.						
	Registered Agent and Registered Office shown on the records 5237 SUMMERLIN COMMONS	:					
	Registered Office Address (MUST BE FLORIDA STREE	ADDKESS	<u>.                                    </u>				
	FORT MYERS	33907			2021 JUL 840-55		
(b) .	Alexander Balmaseda, 690 Main Street #13782, Safety Harbor, FL, 34695  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Alexander Balmaseda				19 W 8:		
	NEW Registered Office Address:	<u>-</u>		•	. 25		
	690 Main Street #13782				01		
	Safety Harbor	FL <sup>34695</sup>					
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the Manual	he registere liability co s of the lim he limited li	d office and mpany, it is ited liability	I the business office hereby confirmed to company or as oth pany.	e of the registered that the change(s) nerwise provided	i )	
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee		
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ely reflect a change in the registered office address. If in writing of this change.	igree to act ie performa ded for in C I hereby co	in this capa ince of my d chapter 605, onfirm that t	city. I further agre luties, and I am fam F.S. Or, if this do he limited liability o	e to comply with niliar with and ac- cument is being fi company has bee.	the cept iled n	
	W/fasterrall						
Signatu	re of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00