## L19000211499

(Red	questor's Name	•)	
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(City	y/State/Zip/Pho	ne #)	
PICK-UP		MAIL	
(Bu:	siness Entity N	ame)	
(Document Number)			
Certified Copies	_ Certificat	es of Status	
Special Instructions to Filing Officer.			
		J. HORNE	
		MAR 2 8 2023	

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Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 612516 8406105 AUTHORIZATION : Junitation COST LIMIT : \$25.00

- ORDER DATE : March 27, 2023
- ORDER TIME : 2:14 PM
- ORDER NO. : 612516-049
- CUSTOMER NO: 8406105

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## CHANGE OF AGENT

NAME: COLE'S ENDEAVORS, LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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:	AVORS, L	LC.
2. (a)	800 S. DOUGLAS RD STE 450	(b)	800 S. DOUGLAS RD STE 450
2. (a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134
	09/04/2019		L19000217499
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records o CESAR GOMEZ P.A,.	f the Florida	Dent, of State:
	Registered Office Address (MUST BE FLORIDA STREET)   12001 sw 119 Street 12001 street	ADDKESS	
	Miami, F	33186	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		2023 HAR 27 All 9: 25 dress:
	Corporation Service Company		Ø
	NEW Registered Office Address:		
	1201 Hays Street	<u> </u>	
	Tallahassee F	L32301	
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the the stress of the stres	e registere iability cor of the limi	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	/s/ Brett Beveridge	Bret	t Beveridge, Authorized Person
-	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of this change.	gree to act e performa ed for in C ' hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept 'hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Khace C. Kubly Signature of Registered Agent

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Grace E. Kirby, Asst. Vice President

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