119000263508

(Re	equestor'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



700400152197

01/24/23--01015--020 **55.00

R. HUNT 01/24/23

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CANAVAN SERVIC Name of Limited Li	ES LLC ability 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 f	following:
NATALIA CANAVAN Name of Person CANAVAN SERVICES Firm/Company	
Firm/Company	ે. ડો દ
1921 WILLOW OAK DRIVE	773 J. 17 24 PH 3: 15
EDGEWATER FL. 3214 City/State and Zip Code	1 STATE
E-mail address: (to be used for future annual report notifie	Cation)
For further information concerning this matter, please call:	
Natalia Canavan at (386	<u>, 478 30+0</u>
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:

Enclosed is a check for the following amount:

Registration Section

P.O. Box 6327

☐ \$25 Filing Fee

Division of Corporations

Tallahassee, FL 32314

\$55 Filing Fee & Certified Copy

Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

1. Na	ime of the limited liability company: AUAV	AN	SER	VICES LL	.C		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limit (Note: MAY BE PO	ited liabilit	y company	
	EDGEWATER FL.			EDGEW	ATE	R	FL
	32141			3	214	1	
3.	Date of filing/registration in Florida	4.	LI	9000 26 Document number		08	
5. (a)	Paul T. <u>Canavan</u> Registered Agent and Registered Office shown on the records of th		Dept. of Stat	_	I		
	19 21 WILLOW OAK Registered Office Address (MUST BE FLORIDA STREET A)	DRESSI		_			
	FAGEWATER			-	<u></u>		
	, FL	32	141	· •	63 94		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice addr		- 312 - 32	124 P		
	Natalia Canavan NEW Registered Office Address:		<u>ess</u> .	음. 연구 -	PH 3: 15	O	
	1921 WILLOW OA	8	DR	_			
	EDGEWATER, FL	31	2141	_			
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered ility com the limit	office an pany, it is ed liabilit bility con	d the business offic s hereby confirmed by company or as of npany.	ce of the lithat the	registered change(s	d ;)
Ciana	ture of a member or authorized representative of a member		Paul	Printed or typed name	(21		
I herei provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ely reflect a change in the registered office address, I he I in writing of this change.	to act ir erforman for in Ch reby con	this cape ce of my apter 605 firm that	acity. I further agr	ee to con	noly with	the ecept filed en

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

Signature of Registered Agent