## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

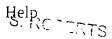
\*\*Enter the email address for this business entity to be used for future  $\sim$   $^\circ$ annual report mailings. Enter only one email address please.\*\*

$\supset \simeq$	Address:	
<u>-</u> tmall	Address:	
	<del></del>	

## LLC REGISTERED AGENT CHANGE AVION LEATHER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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11/9/2023 10:14:44 PST To: 18506176383 Page: 2/2 From Registered Agents Inc Fax: 8134365206

## 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	ame of the limited liability company:  Avion Leather LLC			
2.	(a)		_ (b	»)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		01/28/2021	_	 L21000051	481
3.		Date of filing/registration in Florida	4.		Document number
		UNITED STATES CORPORATION AGENTS, INC.			
5. (a	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Sta	 de:
		476 RIVERSIDE AVE.			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			267
		JACKSONVILLE FL	32202		_ _
		Registered Agents Inc			•
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>
				<del></del>	<u></u>
		7901 4th St N			ى 
		NEW Registered Office Address:			
		STE 300			_
		St. Petersburg , FL	33702		_
the age wa	cha nt v s/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill 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 liab	he regi bility co the lin	stered offic impany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
S	igna	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to i ngt	visi obl nere ißec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  David Roberts - Assistant Sec	rerform for in ( ercby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent