## Division of Corporations **Electronic Filing Cover Sheet**

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To:			C
	Division of Corporations		Ω.
	Fax Number : (850)617-6383		<b>7</b> 5
From:			AFILE
. 10	Account Name : REGISTERED AGENTS INC.		-
	Account Number : I20090000081		-
	Phone : (307)200-2803		
	Fax Number : (855)330-1010  email address for this business entity to be ull report mailings. Enter only one email address		
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Corporate Filing Menu

Help

## 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.

I. Na	ame of the limited liab	ility company: $\underline{A}$	VA INTE	ERN	ATION	AL VENTURI	E LLC	<u> </u>	
2. (a)				(b					
·		dress of limited liabilit ST BE STREET ADD		、		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N	STE 300		7901 4th St N STE 300					
	St. Petersburg	FL 33702		<del>-</del> -	St. Peter	sburg FL 33702			
	12/21/21				L2200	0000203			
3.	Date of filin	z/registration in Flo	vrida	4.		Document number	·····		
5. (a)	LEGALINC CC	RPORATE S	ERVICES	INC.					
J. (ii)	Registered Agent and Reg				Dept. of State	· ·	202		
	Registered Office Addres	(MUST BE FLOR	TDA STREET A	DDRESS)	!		2022 DEC		
	476 RIVERSIDE	AVE.					28	그렇게 지하는	
	JACKSONVILI	<u>LE</u>	FL_	32202			A	€22°	
(b)	Registered .	Agents Inc					AM 11: 27	17.	
(17)		of NEW Registered Agent and/or NEW Registered Office address:					-1	-	
	7901 4th St	N							
	NEW Registered Office .	Address:							
	STE 300								
	St. Petersb	urg	, FL	33702					
the cha agent v was/we the arti	nge or changes are ma will be identical. Or, i are authorized by an al cles of organization o	ide, the Florida stre n the case of a Flori firmative vote of th	et address of t ida limited lial ne members of	the regis bility co the limi	tered office mpany, it is ted liability	rida, it is hereby confirm and the business office hereby confirmed that to company or as otherwi- pany.	of the reg he chang	gistered c(s)	
P	ilen Tark.			Rile	y Park				
Signat	ure of a member or author	zed representative of a	member			Printed or typed name of sig	nec		
provisi the obli to mere notifieq	ons of all statities relo igations of my positio ily reflect a change in I'in writing of this cha	tive to the proper a n as registered agei the registered offic inge	ind complete part as provided we address, I ha	performa for in C ereby co	nce of my a hapter 605, nfirm that t	icity. I further agree to luties, and I am familiar F.S. Or, if this docume he limited liability comp	comply w with ana out is bein oany has i	ith the accept ig filed been	
Sienau	re of Registered Agent	Bill Havre	- Assistant	Secret	ary				