

L22000160884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

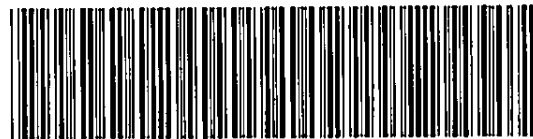
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



800435586288

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2024 AUG 30 AM 11:35

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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2024 AUG 30 AM 11:21

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext: x61563  
Date: 08/29/24  
Order #: 1596324-2  
Re: AVENUE CODE, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "Enclosed" in the previous block.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# 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. Name of the limited liability company: Avenue Code, LLC
2. (a) 990 Biscayne Blvd., 5th Floor  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Miami, FL 33132
- (b) 990 Biscayne Blvd., 5th Floor  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Miami, FL 33132
3. 01/11/2008  
Date of filing/registration in Florida
4. L22000160884  
Document number

5. (a) Solomon, Amazis  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
900 Biscayne Blv.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Apt 5107  
Miami, FL 33132

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rogildo Torquato Landim Marcelo Moojen Epperlein  
Signature of a member or authorized representative of a member

Rogildo Torquato Landim Marcelo Moojen Epperlein  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Shauna Godbolt

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00 COA-8721