h22000161410

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
wrong	72M	9/23
CU	Office Use On	ly



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2022 SEP 23 AH 9: 59

SEP 2 7 2022 S. PRATHER



September 1, 2022

AVALINA LLC INNA LAPIN 9232 RUTLEDGE AVE BOCA RATON, FL 33434

SUBJECT: AVALINA LLC Ref. Number: L22000161410

We have received your document for AVALINA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 622A00019497

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT:	Avalina LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	l Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Inna Lo	αριΛ
Name of Person	
Avalina L	LC
Firm/Company	^
9232 Rutlea	tge Ave
	FL 33434
City/State and Zip Co	
· , ,	ong roup.com
E-mail address: (to be used for future	e annual report notification)
For further information concerning this ma	atter, please call:
Name of Person	at (973) Q10.7895 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:
S25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED ÓFFÍCE 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	me of the limited liability company:		
2. (a)	9232 Ritledge Avenue (b) 4	Same	
Z. (it)	Principal office address of limited liability company:	Aailing address of limited liability company:	_
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	
	BOCA ROTON PC		_
	33434		_
	April 4, 2002 Laze	000/61410	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Legal Zoon / United States Corp Ages	ts Inc	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
	5575 South Semoran Blvd. Ste	36	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Orlando FL 32822	·	
	Inna Shamis Lapin	2022 ALL	
(b)	Inter name of NEW Registered Agent and/or NEW Registered Office address:		
	mana nullada A e	FR 23	
	9032 KUHPage ME		
	NEW Registered Office Address: Roca Raton FL 33434	1. OR 1. OR 1. OR	
	Doca Rason, FC 33 134	59 10A	
	, FL		
If the I	imited liability company is not organized under the laws of the State of Flow or changes are made, the Florida street address of the registered office and	rida, it is hereby confirmed that after the business office of the registered	c
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability	hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the limited liability comp	pany.	
- ,. 	/n	na Lapin Printed or typed name of signee	_
			,
never provisi	ons of all statutes) relative to the proper and complete performance of my disorbits of my nowition as registered agent as provided for in Chapter 605.	luties, and I am Jamiliar with and accep F.S. Or, if this document is being filed	i I
to mere notifice	by accept the appointment as registered agent and agree to act in this capa ons of all statutes) relative to the proper and complete performance of my di- igations of my position as registered agent as provided for in Chapter 605, It reflect a change in the registered office address, I hereby confirm that the I'm viriang of this change.	he limited liability company has been	
Signatu	re of Registered Agent		