193000 272 439

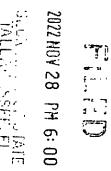
(Reo	uestor's Name)	
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(Add	ress)	
(City	/State/Zip/Phone	#)
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

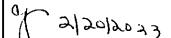
Office Use Only



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COVER LETTER

Division of Corporations		•	
SUBJECT: AVGUSTINE LLC			
	e of Limited Lia	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the fo	ollowing:	
ILYA KANDAUROV			
Name of Person			
AVGUSTINE LLC			
Firm/Company		_	
3928 Bessent Rd			
Address		_	
Jackonville FLORIDA 32218			
City/State and Zip Code		-	
avgustinellc@gmail.com		_	
E-mail address: (to be used for future annu	ial report notific	eation)	
For further information concerning this matter, p	please call:		
ILYA KANDAUROV	_at (<u>561</u>) 6983112	
Name of Person		Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Enclosed is a check for the following a	amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

TO:

Registration Section

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.

3928 Bessent Rd	(b) 39	(b) 3928 Bessent Rd			
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
Jackonville FLORIDA 32218	Jac	konville FLORIDA 32	218		
06/14/2022	L220	000272429			
Date of filing/registration in Florida	4.	Document nu	mber		
LYA KANDAUROV					
Registered Agent and Registered Office shown on the re	ecords of the Florida Dep	t. of State:			
	·				
324 OCEAN BREEZE 4 Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS		5· ~	5	
registered office Address MOST BET EORIDA'S	TREET ADDRESS;		ANN 7707	2	
LAKE WORTH BEACH	. FL 33460		γ α)	
	,		, ,·		
ILYA KANDAUROV					
Enter name of NEW Registered Agent and/or NEW R	egistered Office address	:			
			· # 5	5	
3928 Bessent Rd					
NEW Registered Office Address:					
Jacksonville	, FL 32218				
			1	. 1 .1	
limited liability company is not organized unde e or changes are made, the Florida street addres will be identical. Or, in the case of a Florida lir ere authorized by an affirmative vote of the me	s of the registered of nited liability compa	fice and the business ny, it is hereby confir	office of the	ne registere he change(
icles of organization or the operating agreemen			and outer with	o provide	
15.111	ILYA KA	ANDAUROV			

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.

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

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