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COVER LETTER

TO:		stration Section sion of Corporations							
SURIE	г С Т•	AVERY PORT CHARLOTTE, LLC							
OCDO!		AVERY PORT CHARLOTTE, LLC Name of Limited Liability Company							
Dear Si	ir or M	1adam:							
The end	closed	Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please	return	all correspondence concerning	g this matter to the	following:					
Tyrell F	Francis								
		Name of Person							
Meyers	Group								
		Firm/Company		_					
2999 N	E 191s	st Street, Suite 510							
	_	Address							
Aventu	ıra, FL	33180							
		City/State and Zip Coo	le						
tyrell.fr	rancis@	i)meyersgroup.net							
Е	-mail	address: (to be used for future	annual report noti	lication)					
For fur	ther in	formation concerning this mat	ter, please call:						
Tyrell Francis			786	493-5017					
		Name of Person	ui \	493-5017					
	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Encl	osed is a check for the follow	ing amount:						
■ \$25 Filing Fee □ \$55 Filing Fee				55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. 8	lame of the limited liability company: AVERY PORT (CHAR	LOTTE	E. LLC				
2. (a)			(b)					
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)					
	2999 NE 191st Street, Suite 510			2999 NE 191st Street, Suite 510				
	Aventura, FL 33180	entura, FL 33180			Aventura, FL 33180			
	11/08/2022		L22000480056					
3.	Date of filing/registration in Florida	- 4.		Document	number			
5. (a)							
(ta	Registered Agent and Registered Office shown on the records of	the Flo	rida De	pt. of State:				
	Ezra Rubin							
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	2999 NE 191st Street, Suite 510				7024 SE C			
	Aventura, Fi	3318 L	0		FILE 2024 DEC -4 F SECRETARY O			
.1.					60 ⁻¹			
(b)	Enter name of NEW Registered Agent and/or NEW Registered							
					E. FID			
	Astolfo Losada				_E 3+			
	NEW Registered Office Address:							
	, FI	L						
chang agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liverestauthorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e regis ability of the limite	tered of comp limited ed liab	office and the busine any, it is hereby con d liability company o	ss office of the registered firmed that the change(s)			
Sign	ature of a member or authorized representative of a member	_		Printed or typ	ped name of signee			
provis the ob to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete digations of my position as registered agent as provide reflect a change in the registered office address. I thin writing of this change.	ree to perfo ed for t hereb	act in s rmancs in Cha v confi	this capacity. I furth e of my duties, and I pter 605, F.S. Or, ij rm that the limited I	her agree to comply with the I am familiar with and accept I this document is being filed iability company has been			

Signature of Registered Agent-