(Requestor's Name)				
	<u>-</u>			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #	‡)		
_		_		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	<u>:</u>)		
(Do	cument Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				





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12/04/24--01038--010 **1130.00

TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section Division of Corporations			
AVERY ALICO HOLDINGS II.	, LLC		
	Name of Limited L	liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the	following:	
Tyrell Francis			
Name of Person			
Meyers Group			
Firm/Company			
2999 NE 191st Street, Suite 510			
Address		_	
Aventura, FL 33180			
City/State and Zip Cod	e		
tyrell.francis@meyersgroup.net			
E-mail address: (to be used for future	annual report notif	fication)	
For further information concerning this mat	ter, please call:		
Tyrell Francis	786 at (493-5017	
Name of Person		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	ing amount:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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. N	ame of the limited liability company: AVERY ALICO	HOLD	ING	S II, LLC	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAY BE POST OFFICE)		
	2999 NE 191st Street, Suite 510			2999 NE 191	st Street, Suite 510
	Aventura, FL 33180			Aventura, FL	33180
	12/05/2023		1.	.23000539414	.
3.	Date of filing/registration in Florida	4.	_	De	ocument number
5. (a)	·				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida l	Dept. of State:	
	Ezra Rubin				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		
	2999 NE 191st Street, Suite 510				202 SE
	Aventura, FL	33180			FILEC 2024 DEC -4 PM SECRETARY OF TALLAHASSEE
(b)					ARRY ARRY
(5)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	ress:	SSEE D
	Astolfo Losada				5: 03 STATE
	NEW Registered Office Address:			_ _	m ₩
	, FI	ر			
change 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 litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registe ability of of the li limited	ered con imit d lia	l office and the pany, it is he ed liability of	he business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely feflect a change in the registered office address, I did nything of this change.	ree to a perfori ed for in hereby	ict ii mar i Ch con	n this capaci nce of my dut napter 605, F tfirm that the	ty. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been
Signati	are of Registered Agent				