



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVERY ALICO HOLDINGS II, LLC  
\_\_\_\_\_  
Name of Limited 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 Code

tyrell.francis@meyersgroup.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrell Francis

786

493-5017

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

2. (a) _____ Principal office address of limited liability company: <u>(Note: <b>MUST BE STREET ADDRESS</b>)</u> _____ 2999 NE 191st Street, Suite 510 _____ Aventura, FL 33180	(b) _____ Mailing address of limited liability company: <u>(Note: <b>MAY BE POST OFFICE BOX</b>)</u> _____ 2999 NE 191st Street, Suite 510 _____ Aventura, FL 33180
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5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Ezra Rubin

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Astolfo Losada

NEW Registered Office Address:

\_\_\_\_\_

\_\_\_\_\_, FL \_\_\_\_\_

FILED  
2024 DEC -4 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signature of a member or authorized representative of a member \_\_\_\_\_ Astolfo Losada  
Printed or typed name of signee

Signature of Registered Agent