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TO:

INHS18 (2/14)

Registration Section

Division of Corporations AVATAR CLASH LLC SUBJECT: 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: Michael Serrano Name of Person ZenBusiness Inc. Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code ra@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Serrano Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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.

I. Na	nme of the limited liability company: AVA	TAK CLA	SH LLC	
2. (a)	101 EAST ROMANA STREET UNIT #409	(b) 10	LEAST ROMANA STREET UNIT #409	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PENSACOLA, FL 32502		PENSACOLA, FL 32502	
	04/22/2024	1.240	000188221	
-	Date of filing/registration in Florida	4.	Document number	
(b)	PENCO, LUIGI			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		
	101 EAST ROMANA STREET UNIT #409			
	Registered Office Address (ST BE FLORIDA STREET ADDRE			
	PENSACOLA , F	32502 L_	202 SEI T	
	ZenBusiness Inc	_	2024 MAY : SECRETA TALLA	
	Enter name of NEW Registered Agent and/or NEW Registere			
	336 E. College Ave. Suite 301		က်လ ကာ မြို့ ကျော် ကာ မြို့ ကြော တာ မြို့	
	NEW Registered Office Address:			
	Tallahassee . F	32301		
iange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited to re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the State e registered off iability compan of the limited I	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
	Luigi Penco		Luigi Penco	
horot	ure of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address. I	ree to act in thi	Printed or typed name of signee is capacity. I further agree to comply with the	