## M12000000620

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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C. GOLDEN

JUL 1 1 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 25, 2019

Order#: 815146-006

Re: AVENU ENTERPRISE SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25\_\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

MX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## -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. N	ame of the limited liability company: AVENU ENTE	RPRISE SOLU	TIONS, LLC	
2. (a)	2411 Dulles Corner Park, Suite 800	(b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lia (Note: MAY BE POST O	
	Herndon, VA 20171			
	02/01/2012	M12	000000620	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Interstate Agent Services LLC			
., (41)	Registered Agent and Registered Office shown on the records of	t the Florida Dept, o	of State:	
	100 SE 2nd Street, Suite 2000, #209			
	Registered Office Address	'.4 <i>DDRESS</i> )	<del></del> -	
		_		20
			<del></del>	2019 الناء 7 <i>2</i> التيء و
	Miami FI	L33131		
				27
(b)				_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	· · · · · · · · · · · · · · · · · · ·	: : : : : : : : : : : : : : : : : : :
	400444		·	<del></del> 9
	1201 Hays Street  NEW Registered Office Address:	<u></u>		9
	Registere Office Address.			
			<del></del>	
	- · · ·			
	Tallahassee . Ft	32301		
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered ( lability company of the limited liz	office and the business office the it is hereby confirmed that ability company or as otherwise.	of the registered
/s/	Michael Melka	Michael Me	elka, Authorized Person	
Signa	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of sig	ince
I here provisi the obl to mero potified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered office address. It is writing of this change.	ree to act in this e performance of ed for in Chapte, hereby confirm	s capacity. I further agree to f my duties, and I am familian r 605, F.S. Or, if this docume that the limited liability com	comply with the r with and accept ent is being filed pany has been
Signatu	re of Registered Agent Corporation Service Company	DV: Ami M	Copper Appt Vision Dec 11	
	Corporation Service Company	DI. AHIIM.	Casper, Asst. Vice Preside	2TH

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