## M15000003122

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

Office Use Only



900310805509

03/22/18--01022--002 \*\*25.00

18 MAR 22 AM .9: 49

Y SULKER MAR 2 3 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 20, 2018

Order#: 122368-046

Re: AVESTA PLATFORM PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

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

18 HAR 22 AM .9: 49

## 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	Name of the limited liability company: AVESTA	A PLATFORM PA	ARTNERS LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5118 N 56TH ST.		P.O. BOX 311029			
	TAMPA, FL 33610	)	TAMPA, FL 33680			
	04/20/2015		M15000003122			
3.	Date of filing/registration in Florida	4.	Document num	ber		
5. (a	Registered Agent and Registered Office shown on the re					
	Registered Agent and Registered Office shown on the re	cords of the Florida	Dept. of State:			
	MCINTYRE, RICHARD J, ESQ.					
	Registered Office Address (MUST BE FLORIDA S	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	501 E KENNEDY BLVD. SUITE 1900			18		
	TAMPA	, FL <u>33602</u>	<del></del>	MAR		
(b)	Corporation Service Company			rs		
	Enter name of NEW Registered Agent and/or NEW Re	egistered Office add	lress:	₹ 70		
	1201 Hays Street			<b>6</b>		
	NEW Registered Office Address:					
	Tallahassee	, FL <u>32301</u>				
the chagent was/v	limited liability company is not organized under nange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lir were authorized by an affirmative vote of the men- ticles of organization or the operating agreemen	dress of the regis mited liability co mbers of the lim	tered office and the busine mpany, it is hereby confirn ited liability company or as	ss office of the registered ned that the change(s)		
ISI A	ALBERTO DE ALEJO	Albe	rto De Alejo, Authorized Pe	erson		
Sign	ature of a member or authorized representative of a member	er	Printed or typed n	ame of signee		
provis the ob to me	eby accept the appointment as registered agent of sions of all statutes relative to the proper and coolingations of my position as registered agent as prely reflect a change in the registered office add and in writing of this change.	and agree to act omplete performa provided for in C tress, I hereby co	in this capacity. I further ince of my duties, and I am hapter 605, F.S. Or, if thi infirm that the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been		
Signat	Thora Cokubly  sure of Registered Agent Corporation Service Com	npany BY: Gr	ace E. Kirby, Asst. Vice	President		

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