## M1700000 7698

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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SLURE LANY OF STATE

HARRIS



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 19, 2018

Order#: 122368-042

Re: AVESTA FINANCIAL 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.

XX 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

## 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.	Na	me of the limited liability company: AVESTA FINAN	CIAL LL	.c	<u> </u>				
2. (	(a)		(b	)					
·	` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-	]	Mailing address of lin	nited lia	ability compa	my:	
		5118 N 56TH STREET		P.O. BOX	X 311029				
		TAMPA, FL 33610	_	TAMPA,	FL 33680			<del></del>	
		09/13/2017		M170000					
3.		Date of filing/registration in Florida	4.		Document numb	er			
5.	(a)	Enter name of NEW Registered Agent and/or NEW Registered (  1201 Hays Street  NEW Registered Office Address:	DDRESS 33602 Office add	lress:	TALLAHASSEE FLORIDA	2818 (TAR 21 - FR 1: U.S.		en e	
		Tallahassee, FL_							
the ager	chai nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co the limi	tered office mpany, it is ited liability	e and the business s hereby confirme y company or as o	office d that	of the reg	gistered e(s)	
/S/ ALBERTO DE ALEJO				Alberto De Alejo, Authorized Person					
Signature of a member or authorized representative of a member				Printed or typed name of signee					
prov the to to m noti	obli ere fied	y accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been a change in the registered office address, I have been address.	ee to act performa for in C ereby co	in this cape ince of my d hapter 605 infirm that i	acity. I further ag Auties, and I am f , F.S. Or, if this o the limited liabili	ree to amilia locum ty com	comply w r with and ent is bein pany has i	ith the accept g filed been	
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President									

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