M18 000003855

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



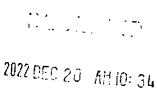


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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2022

LORI PULLEN 7060 103RD STREET STE 121 JACKSONVILLE, FL 32210

SUBJECT: AVW OFFROAD AND PERFORMANCE, LLC

Ref. Number: M18000003855

We have received your document for AVW OFFROAD AND PERFORMANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 122A00023355

22 DEC 20 At 1 . 20

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: AVW Offroad and Per Formance, 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:									
Lori Pullen Name of Person AVW Offroad and Performance, LLC Firm/Company 785 Seaboard Prin Ste 100 Address Dallas GA 30/32 City/State and Zip Code	22 DEC 20 AH 4: 2								
E-mail address: (16 be used for future annual report notification)	Ö								
For further information concerning this matter, please call:									
Lori Pulln at (404) 405-7548 Name of Person Area Code & Daytime Telephone Number									
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303									

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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:	0F1	Front a	nd Per	formance, LCC
	7000 103rd Street		785	· ·	^
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	Mailir	ng address of limi	ted liability company:
	Suite 121	_	Suite!	00	
	Jacksonville, FL 32210	_	Dalla	12 GA	30132
	04/17/2018	_	M186	200011	3855
3.	Date of filing/registration in Florida	4. ì	Doc	ument number	•
5. (a)	Registered Agent and Registered Office shown on the records of the		Dont of States		
	0 1		·		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			
	. FL				in the second se
(b)	Christopher Davis				AH +: 2
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		₩ ¥ `
	7046 MyandoHe Av	2nuc	,		
	Jacksonville, FL_	32	210		
	imited liability company is not organized under the laws				
agent w	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	oility cor the limi	npany, it is her ted liability cor	eby confirmed npany or as of	that the change(s)
Signa	ture of a member or authorized representative of a member		Lori	ted or typed name	of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree on a first and complete proper and complete proper and complete proper and complete proper and complete provided agent as provided agent as provided and a change in the registered office address, I have a first change.	e to act t erforma for in Ca ereby con		71	ŭ
Signatu	re of Registered Agent				

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

Hitti limitalliability company is not organized and the day of a change or changes are made, the Florida start andress a secretariability devaluated. Of in the case of a Florida limited ability of a secretaria secretaria and the case of a Florida limited ability of a secretaria secretaria secretaria de la secretaria del la secretaria del

Bivisian of Corporations (2.0). Box (2.2) validations (2.3) (2.3) and (2.3) (2.3) (2.3)