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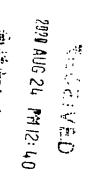
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manualions to , imig officer.





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C. GOLDEN AUG 2 5 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/21/2020						
	Merritt Wa	lker	_				
Reference	#:1251	270					
Entity Nam							
_	cles of Incorporation						
☐ Ame	endment						
✓ Change of Agent							
Reir	nstatement						
Conversion							
☐ Mer	ger						
Diss	solution/Withdrawal						
☐ Ficti	tious Name						
Othe	er						
Authorized	Amount:	\$25					
Signature:		Mu					

F: 800.944.6607

F: +852,2682,9790

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	ume of the limited liability company:AVITUS STA	FFING	LLC		
2. (a)	175 N. 27th Street, Suite 800 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 2600 W. GERONIMO PLACE, SUITE 10 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Billings, MT, 59101	_	CHAND	LER, AZ 85224	
	January 7, 2019	_		M19000000427	
3.	Date of filing/registration in Florida	4.	1	Document number	
5. (a)	CORPORATE CREATIONS NETWORK INC				
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State:		
	801 US HIGHWAY 1			~)	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	-		
				<u> </u>	
	NORTH PALM BEACH	22400		<u>-</u>	
	NORTH PALIVI BEACH .FL.	33408			
a de s	COGENCY GLOBAL INC.			<i>I</i>	
(h)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ess:		
			 -	!	
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
	Tallahassee EL 3	32301			
	Tallatiassee FI_	32301			
the cha agent v was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limit imited lia	ered office apany, it is ed liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	even K Bentley ture of a member or authorized representative of a member	Sieve	n K Bentl	Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	e to act i erforma for in Ci reby coi	n this cana	rity. I further gares to comply with the	

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00