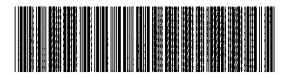
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TO: /	Amendment Division of	t Section Corporation	ns		٠		
SUBJEC	CT:	ĄV	REAL	ESTA-		INC	
DOCUM	IENT NUN	MBER:	P0900	0020	2093	3	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
			BRESS			A	
Name of Contact Person							
	_	AV	/ REA			E	INC
Firm/Company							
	_	1030	5 NW	415	STRE	年	SUITE 215
	_	Do	RAL, F		331=	78	
DORAL, FL 33178 City/State and Zip Code							
		BO	ess Q A	v GROU	PCE	S, C	COM
	<u> </u>	E-mail add	ress: (to be used	for future a	annual re	eport no	otification)
For further information concerning this matter, please call:							
BRESS RIERA 305, 4771266							
BRESS RIERA at 305, 4771266 Name of Contact Person Area Code & Daytime Telephone Number							
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Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section. Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AV REAL F-STATE INC
2. The principal office address: 10305 NW 41st STREET SUITE#21
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/03/09 Document number: PO90080 Z0093
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
JOSE VIZCARRONDO (RESIGNED)
10305 NW 41 STREET SUITE ZIE =
DORAL, FL 33178
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): THOMAS THESS D. A
1401 BRICKELL AVE, SUITE 825
MIAMI, FL 33131
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of the office of the
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signate of Registered Agent JULY 22/2010 Date
If signing on behalf of an entity:
Thomas 1. Hess Typed or Printed Name

* * * FILING FEE: \$35.00 * * *