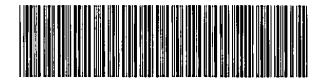
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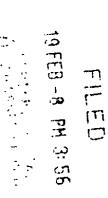
Office Use Only



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COVER LETTER

TO:	Amendmen Division o	nt Section Corporations	· .	•
SUBJ	ECT: A	ren Holding Con	of Corporation	
DOCI	UMENT NU	mber: <u>7200100</u> 0	355	
		ment of Change of Registered C	office/Agent and fee ar	e submitted for filing.
		orrespondence concerning this m		
	-	Arturo Sid	SO Contact Person	
		Aven Holdi	NY ON.	
	_	848 Brickel	1 Ave whe 3	300
		Micmi V City/Sta	33131 te and Zip Code	
,	_	Siagroupage E-mail address: (to be used f	or future annual repo	ort notification)
For fu		ntion concerning this matter, ple	ase call:	
	Arturo	ne of Contact Person	at (786	502-4502 & Daytime Telephone Number
	Nai	ne of Contact Person	Area Code	& Daytime Telephone Number
Enclo	sed is a \$35.0	00 check made payable to the Do	epartment of State.	
		Mailing Address: Amendment Section Division of Corporation: P.O. Box 6327	Amend S Divisio	Address: ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Aver Holding Corp.
2. The principal office address: 8A8 Kn chell five, Ste. 305
Micmi M, 33131
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/10/12 Document number: P12000100355
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)
With Register Agent Services (resigned)
898 Brickell Ave, ste 305
Mimi H, 33/31
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Arturo Siso
P.O. Box NOT acceptable
Micmi (4, 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 an officer or director Printed or typed name and title
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)