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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	<u> </u>	
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REGISTERED AGENT CHANGE AVILA VISUALIZATION, INC

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SEP 1 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, oration organized under the laws of the State of Desire of Cohil fice or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Avila Visuali	zation Inc.		
	d office address; 150 S. Pine		-	
Plantation F	FL 33324			
3. The mailing	address (if different): 150 S. F	Pine Island Rd Ste. 368		
Plantation	FL 33324			
4. Date of incor	rporation/qualification: 07/30	Document number: P14000063958		
	nd street address of the current urtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)		
	MARCO A FRAUSTO			
	150 S Pine Island Rd.	Suite 368		
	Plantation, FL 33324		2	125
6. The name an (if changed):		gistered agent (if changed) and /or registered office	20 SEP 10	Sign of
	Northwest Register	ed Agent LLC		2005 50 A C
	7901 4th St N STE 300)	PH 4:	OF STAI
	Ct Datavahova El O	P.O. Box NOT acceptable	သွ	710 216
	St. Petersburg FL 3	3702		7
The street address changed will	ess of its registered office an I be identical.	d the street address of the business office of its register-	ed agent.	
Such change wanthorized by the	as authorized by resolution d he board, or the corporation i	luly adopted by its board of directors or by an officer so has been notified in writing of the change.	i	
<u> Alexander F</u> Signati	Wayney ure of an officer or director	Alexander F Warner Printed or typed name and little		
t jurther agree verformance of usent. Or if th	to comply with the provision fmy duties, and I am familian is document is being filed m	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete r with and accept the obligation of my position as registerely to reflect a change in the registered office address in notified in writing of this change.	ered , I	
lon	Glove	9/10/2020		
Sig	mature of Registered Agent	Date		
f signing on be	chalf of an entity:			
Tom Glove	<u>er </u>			
T	yped or Printed Name			

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