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TEO

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AVA CORP OF THE TREASURE COAST Name of Corporation

P17000039154 DOCUMENT NUMBER:

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:

MICHAEL A. JOHNSON

Name of Contact Person

MJ BUSINESS SERVICES LLC

Firm/Company

1751 BELLA VISTA WAY

Address

PORT ST. LUCIE, FL. 34952

City/State and Zip Code

MJBSFLORIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. JOHNSON

at (772) 530-0139 Area Code & Daytime Telephone Number

Name of Contact Person

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

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

| statement of cha | inge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FLORIDA r registered agent, or both, in the State of Florida. | |
|---|---|--|--|
| 1. The name of t | the corporation: AVA CORP | OF THE TREASURE COAST | |
| 2. The principal | office address: 1565 SE AP 7. LUCIE, FL 34952 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 5/1/201 | 7 | |
| | t street address of the current regretment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | |
| | RESIGNED - RICHARI | R SCHOONMAKER | |
| | 1910 SE PORT ST. LUCIE BLVD | | |
| | PORT ST. LUCIE, FL. | SEC 2018 | |
| 6. The name and (if changed): | l street address of the new registe | red agent (if changed) and /or registered of the | |
| | MJ BUSINESS SERVIO | ES LLC SSE TO | |
| | 1751 BELLA VISTA WA | | |
| | PORT ST. LUCIE, FL. | Box NOT acceptable | |
| The street addre as changed will | ess of its registered office and the be identical. | street address of the business office of its registered agent. | |
| - | | dopted by its board of directors or by an officer so een notified in writing of the change. | |
| M | reports of director | STEVEN ALBUQUERQUE, P | |
| I hereby accept I further agree t performance of agent. Or, if thi | the appointment as registered a to comply with the provisions of my duties, and I am familiar wit | Printed or typed name and tule gent and agree to act in this capacity. full statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change. | |
| 1/1/1/1 | | 08/29/2018 | |
| | fature of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |

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

MJ BUSINESS SERVICES LLC
Typed or Printed Name