FEI Number	-: 20-1360631		Certificate of Status D	esired: No
Name and A	Address of Current Registered Agent:	1		
WILSON, PAM 100 S PACE BL PENSACOLA, I				
The above name	d antitu submits this statement for the nurnose of chang	ing its registered office or regis	tered agent or both in the State o	f Elorida
	d entity submits this statement for the purpose of chang. E: PAM WILSON	ing its registered office or regis	tered agent, or both, in the State o	
	d entity submits this statement for the purpose of change E: PAM WILSON Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State o	f Florida. 02/01/2024 Date
SIGNATURE	E: PAM WILSON	ing its registered office or regis	tered agent, or both, in the State o	02/01/2024
SIGNATURE	E: PAM WILSON Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State o	02/01/2024
SIGNATURE Authorized	E: PAM WILSON Electronic Signature of Registered Agent Person(s) Detail :			02/01/2024
SIGNATURE Authorized Title	E: PAM WILSON Electronic Signature of Registered Agent Person(s) Detail : MANAGING GENERAL MEMBER	Title	CFO	02/01/2024

100 S PACE BLVD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA JACOBS

CFO

02/01/2024

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000002552

Entity Name: AVALON HR LLC

Current Principal Place of Business:

100 S PACE BLVD PENSACOLA, FL 32502

Current Mailing Address:

FILED Feb 01, 2024 **Secretary of State** 3439844429CC

Electronic Signature of Signing Authorized Person(s) Detail