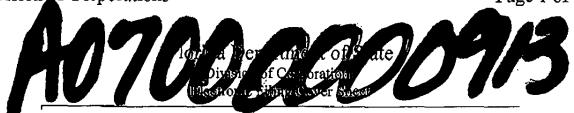
Oct. 16. 2015 4:38PM Barnett, Bolt Division or Corporations

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To;	Division of Corporations	
	Fax Number : (850) 617-6383	
	Fax Number : (850) 617-6383	-
From:		rana.
	Account Name : BARNETT, BOLT, KIRKWOOD LONG &	KOCHE
	Account Number: 072731001155	ij.
	Phone : (813) 253-2020	m
	Fax Number : (813) 251-6711	4 , 4

Email Address:

REGISTERED AGENT CHANGE AVENUE 12 HOLDINGS, LP

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Avenue 12 F	loldings, LF	o		
Name of Limite	d Partnership or Limi	ted Liability Lin	nited Partnersh	lp	
2, July 30, 200)7	3	A07000000913		
Date of filing/registration in Florida			Florida document number		
4. The name of the registered ager Department of State:	nt and the registered of	ffice address as	shown on the r	coards of the Florida	
	Samuel L,	Leprell		2015 OCT 16 ~ 10: 5" SECRETARY OF STATE ALLAHASSEE, FLORIDI	
· · · · · · · · · · · · · · · · · · ·	Nam				
1930	San Marco Boi	ulevard, Sult	e 201	E A SE	
	Addre			988 144 191	
	Jacksonville,	FL 32207		m _S	
	City, State	and Zip		Fig.	
5. The name and Florida street address of the new registered agent a			or office;	PRIED/	
	Craig E. Be	hrenfeld		<i>,,</i> —	
	Nam	ė			
601	Bayshore Boul	evard, Suite	700		
Plor	ida street address (P.C). Box not accep	table)		
	Tampa	FL_	33606		
	City, State	and Zip			
6. Such change(s) is/are effective Avenue Community is/Structure By:	whon filed by the Pic	rida Department	of State.		
Signature of General Partner	20				
I hereby accept the appointment of an incomply with the provision of all s and I am familiar with an accept the Signature of Registered Agent	iciples relative to the	proper and com	plete performa	I further agree to ance of my dulles,	
J 2 2					
Filing Fee: Cortified Copy (optional):	\$35.00 \$52.50				
4 7 7 7					