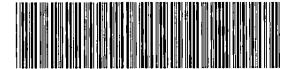
BNOODOONLe

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195			
REFERENCE	: 602514 4702973			
AUTHORIZATION	: Smell of and			
COST LIMIT	: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
ORDER DATE : April 7, 2022	<u></u>			
ORDER TIME : 5:09 PM				
ORDER NO. : 602514-014				
CUSTOMER NO: 4702973				
	-			
CHANGE OF AGENT				
NAME: AVANTI CAPITAL VIII), L.L.P.	PARTNERS (ASLI			
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				

EXAMINER'S INITIALS:

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.

		III), L.L.L.P. p or Limited Liability Limited Partne	echin	
06/30/2017	rame of Linned I articism	3. B17000000176	isht	
	filing/registration in Florida	registration in Florida Florida Florida		
The name of the Department of St		gistered office address as shown on th	ne records of the Flor	ida
	SHAPIRO, MARVIN I	М		
	 	Name	- · :	2
	923 N.PENNSYLVAN	IIA AVENUE	٠ 	977
		Address		1997) F PR
WINTER PARK, FL 32789		•-		
	Ci	ty, State and Zip	- :	\sim
. The name and	Florida street address of the	new registered agent and/or office:		-
	Corporation Service C	Company	'	·
		Name		7
	1201 Hays Street			
	Florida street add	iress (P.O. Box not acceptable)	_	
	Tallahassee	FL_32301		
	Ci	ty, State and Zip	_	
. Such change(s) is/are effective when filed b	y the Florida Department of State.		
ينشر	11/1/	ANDREW DUBILL, AUT	HORIZED PERSON	ON BEHALF
ignature of Gene	eral Partner	AVANTI PROPERTIES GROUP III, L.L.L.P., GENERAL PARTNER		
omply with the p	rovisions of all statutes relati	agent and agree to act in this capacity we to the proper and complete perforn is of my position as registered agent.	y. I further agree to mance of my duties,	
Dine	-Z-Kuble	GRACE E. KIRBY, ASST	. VICE PRESIDENT	r

Certified Copy (optional): \$52.50