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| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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2022 NOV 22 AH 10: 30

2022 NOT 22 PM 4: 01

A. BUTLER NOV 28 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 152425 4702973 | | | | | | | |
| AUTHORIZATION : SAMEBELLE MAN | | | | | | | |
| COST LIMIT : \$/,25,00 | | | | | | | |
| ORDER DATE : November 22, 2022 | | | | | | | |
| ORDER TIME : 12:51 PM | | | | | | | |
| ORDER NO. : 152425-005 | | | | | | | |
| CUSTOMER NO: 4702973 | | | | | | | |
| *************************************** | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: AVANTI ACQUISITION COMPANY LLC | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CONTACT PERSON: Alexxis Weiland EXT# | | | | | | | |

EXAMINER:

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| SUBJ | Avanti Acquisition Company LLC | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| Dear S | Sir or Madam: | | | | | | | | |
| The er | nclosed Registered Agent/Registered Office C | nange and fee(s) are submitted for filing. | | | | | | | |
| Please | return all correspondence concerning this ma | ter to the following: | | | | | | | |
| | | | | | | | | | |
| | Name of Person | | | | | | | | |
| | Firm/Company | | | | | | | | |
| | | | | | | | | | |
| | Address | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| F | E-mail address: (to be used for future annual re | port notification) | | | | | | | |
| For fu | rther information concerning this matter, pleas | e call: | | | | | | | |
| | Name of Person | () Area Code & Daytime Telephone Number | | | | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | |
| | □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | | | | |
| INHSI | 8 (2/14) | | | | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | Na | me of the limited liability company: Avanti Acquisitio | n Com | pany | LLC | | | <u>_</u> | |
|--|-------------------------------|--|--|--------------------------------|--------------------------------------|--|------------------------------|------------|-----------------------------------|
| 2. | (a) | | (| ы | | | | | |
| | (- / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | · · · · · | ? | Mailing address of (Note: MAY BE | limited liabi | lity com | pany: |
| | | 923 N Pennsylvania Ave | | 9: | 23 N Pe | nnsylvania Ave | | | |
| | | Winter Park, FL 32789 | _ | W | /inter Pa | rk, FL 32789 | | | |
| | | | _ | | | | | | |
| ^ | | | - , | LOX | 3000060 | | | | |
| 3. 5. | (a) | Date of filing/registration in Florida 11/15/2011 | 4. | | | Document num | iber | | |
| Э. | (a) | Registered Agent and Registered Office shown on the records of the | he Florid | a De | pt. of State | - :: | | | |
| | | Marvin M Shapiro | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | - | SO STO | 70% | |
| | | 923 N Pennsylvania Ave | | | | | E G | 22 N | स्वयुक्ता स्वयुक्ता |
| | | Winter Park .FL | 32789 | | | - | | 2 AON 2202 | 7 6 619-247 711-2-13 |
| | | | | | | _ | | 2 | |
| (| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | | | - | 10 Q | 亖 | |
| | | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | <u>idres</u> | <u>s</u> : | | . <u> </u> | AH 10: 31 | \ |
| | | Corporation Service Company | | | | | *1 | õ | |
| | | NEW Registered Office Address: | | | | • | | | |
| | | 1201 Hays Street | | | | | | | |
| | | Tallahassee: | 32301 | | | | | | |
| | | , FL | 32301 | | | • | | | |
| cha age was | nge nt w /we | mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited liability of the operating agreement of the liability of the operating agreement of the liability of the li | register oility co the lim imited l | ed o ompa nited liabi | ffice and any, it is liability | I the business of hereby confirm company or as | ffice of the red that the | e regist | ered ≥e(s) |
| Signature of a member or authorized representative of a member | | | | | | Printed or typed n | ame of signe | :e | |
| pro the to n noti | visio obli iere fied | by accept the appointment as registered agent and agreent on so fall statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change | erform. | once | of mind | luties and Lam | Tamiliar u | uith an | dacconi |
| Sigi | រមរប្រព | e of Registered Agent | | | | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00