

6010000000344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 602514 4702973

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : April 7, 2022

ORDER TIME : 5:15 PM

ORDER NO. : 602514-035

CUSTOMER NO: 4702973

CHANGE OF AGENT

NAME: AVANTI STRATEGIC LAND
INVESTORS IV (PASSIVE), L.P.,
REGISTERED LIMITED LIABILITY #

PLEASE RETURN THE FOLLOWING AS 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.

1. AVANTI STRATEGIC LAND INVESTORS IV (PASSIVE), L.P., REGISTERED LIMITED LIABILITY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/04/2001

Date of filing/registration in Florida

3. B01000000344

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SHAPIRO, MARVIN

Name

923 N PENNSYLVANIA AVE

Address

WINTER PARK, FL 32789

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

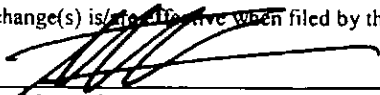
Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

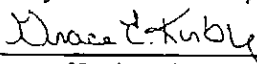
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

ANDREW DUBILL, AUTHORIZED PERSON ON
BEHALF OF AVANTI PROPERTIES GROUP, L.L.L.P., LTD.,
GENERAL PARTNER

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.


Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

Filing Fee: **\$35.00**
Certified Copy (optional): **\$52.50**

2022 APR 12 PM 5:25
STATE OF FLORIDA
DEPARTMENT OF STATE