

B07000000159



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(Requestor's Name)

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(City/State/Zip/Phone #)

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FILED

2/2/2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 423030 4702973
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : January 31, 2023
ORDER TIME : 8:25 AM
ORDER NO. : 423030-010
CUSTOMER NO: 4702973

CHANGE OF AGENT

NAME: ROADRUNNER (FORT MYERS) ASLI
V, L.L.L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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. ROADRUNNER (FORT MYERS) ASLI V, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/15/2007

Date of filing/registration in Florida

3. B07000000159

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 MMR C/O AVANTI DEVELOPMENT CORPORATION II

Name

923 N. PENNSYLVANIA AVENUE

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

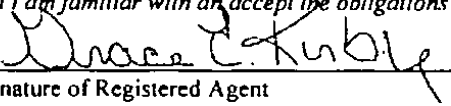
City, State and Zip

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


Signature of General Partner

Andrew Dubill, Executive Vice President
on behalf of Avanti Properties Group II, L.L.L.P.,
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 and 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

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STATE
TALLAHASSEE, FL