## 60900000193

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(,,,					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 602514 4702973				
AUTHORIZATION: Simelale Man				
COST LIMIT : \$ 35.00				
ORDER DATE : April 7, 2022				
ORDER TIME : 5:21 PM				
ORDER NO. : 602514-139				
CUSTOMER NO: 4702973				
CHANGE OF AGENT				
NAME: SANCTUARY COVE (BRADENTON) ASLI VI, L.L.P.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
FXAMINER'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.

	Name of Limited Partnersh	ip or Limited Liability Limited Partnership		
2. 12/11/2009	3 B0900000193			
Date of filing/registration in Florida		Florida documen	Florida document number	
4. The name of the Department of Stat	e registered agent and the re	egistered office address as shown on the rec	ords of the Florida	
	SHAPIRO, MARVIN			
		Name	. 20	
923 N. PENNSYLVANIA WINTER PARK, FL 327		NIA AVENUE	2022 AP.Z Tackett	
		Address		
		32789	22	
	C	ity, State and Zip		
5. The name and F	lorida street address of the	new registered agent and/or office:	::	
Corporation Service Comp		Company	?: r> 3	
· · ·		Name	$\omega$	
	1201 Hays Street			
	Florida street ad	dress (P.O. Box not acceptable)		
	Tallahassee	FL <sup>32301</sup>		
	C	ity, State and Zip		
6. Such change(s)	is the offeetive when filed	by the Florida Department of State. ANDREW DUBILL, AUTHOR	IZED PERSON ON	
Signature of General Partner		BEHALF OF AVANTI PROPE GENERAL PARTNER	RTIES GROUP II, Ł.L.L.P.	
comply with the pro and I am familiar w	ovisions of all statutes relat with an accept the obligatio	agent and agree to act in this capacity. I five to the proper and complete performance in soft my position as registered agent.	urther agree to e of my duties,	
Drace Co-Kuby		GRACE E. KIRBY, ASST. VIC	CE PRESIDENT	
Signature of Regist	ered Agent	<del></del>		
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50