

B19000000149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

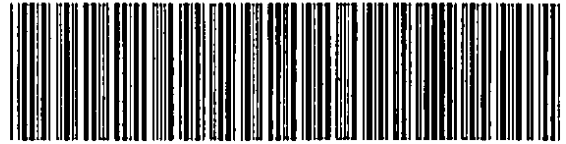
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/5/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON MF LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B19000000149

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LINDSAY FOSTER

Contact Person

AVALON MF LP

Firm/Company

330 SW 2ND STREET, STE 110

Address

FORT LAUDERDALE, FL 33312

City, State and Zip Code

AP@13THFLOORHOMES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDSAY FOSTER

at (518) 928-2989

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

**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. AVALON MF LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/04/2019

Date of filing/registration in Florida

3. B19000000149

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:

TIMOTHY SANDERS

Name

2850 TIGERTAIL AVENUE, SUITE 701

Address

MIAMI, FL 33133

City, State and Zip

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

TIMOTHY SANDERS

Name

330 SW 2ND STREET, STE 110

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

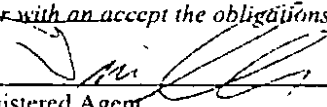
FORT LAUDERDALE FL 33312

City, State and Zip

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


Signature of 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

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FL

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