## B21000000194

(Re	equestor's Name)	)
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
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ALLAHASSEE, FLOR

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

...

ACCOUNT NO. : 12000000195
REFERENCE : 602514 4702973
AUTHORIZATION Spelle man
COST LIMIT : \$35.00
ORDER DATE : April 7, 2022
ORDER TIME : 5:18 PM
ORDER NO. : 602514-045
CUSTOMER NO: 4702973
CHANGE OF AGENT
NAME: AVANTI STRATEGIC LAND INVESTORS VIII, L.L.P.
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.

	Name of Limited Partnership or	Limited Liability Limited Partnership	
05/11/2021		3. B21000000194	
Date of	Date of filing/registration in Florida Florida docu		
. The name of Separtment of S		red office address as shown on the records of the F	lorida
	SHAPIRO, MARVIN		
	1	Name	
	923 N. PENNSYLVANIA	AVE.	C.
	A	ddress	<del>.</del>
	WINTER PARK, FL 32789		-
	City, S	tate and Zip	
. The name and	d Florida street address of the new t	egistered agent and/or office:	,
	Corporation Service Comp	pany	,
	-	Vame	;
	1201 Hays Street		
	Florida street address	(P.O. Box not acceptable)	
	Tallahassee	FLFL	
	City, S	tate and Zip	
. Such change(	(s) is/are the clive when filed by the	Florida Department of State.	
ignature of Ger	AHU	ANDREW DUBILL, AUTHORIZED PERS BEHALF OF APG ASLI VIII GP, LLC,	SON O
ignature of Ger	neral Partner	GENERAL PARTNER	
omply with the	the appointment as registered agent provisions of all statutes relative to ir with an accept the obligations of	and agree to act in this capacity. I further agree the proper and complete performance of my dutie my position as registered agent.	10 5,
N	. Tokishi.	GRACE E. KIRBY, ASST. VICE PRESIDE	ENT

Certified Copy (optional): \$52.50