

B21000000195

(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. : 602514-037

CUSTOMER NO: 4702973

CHANGE OF AGENT

NAME: AVANTI STRATEGIC LAND  
INVESTORS IX, L.L.L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

**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 IX, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/11/2021

Date of filing/registration in Florida

3. B21000000195

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

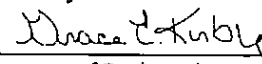
City, State and Zip

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 APG ASLI IX GP, LLC,  
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**

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