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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone : (800)277-9977

Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: matt@petracapital.com

LLC REGISTERED AGENT CHANGE AVA COLUMBUS MS HOLDINGS LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company: AVA COLUM	BO2 W2 HO	LDINGS ELC	
. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite	
	3001 PALM HARBOR BLVD. SUITE A		3001 PALM HARBOR BLVD.	SUITE A
	PALM HARBOR, FL 34683		PALM HARBOR, FL 34683	
	12/02/2020		L20000377630	
	Date of filing/registration in Florida	4.	Document number	
. (a)				
(a)	Registered Agent and Registered Office shown on the records of	of the Florida I	Ocpt. of State:	
	James K. Gardner			
	Registered Office Address (MUST BE FLORIDA STREE)	<u>TADDRESSI</u>		
	3001 PALM HARBOR BLVD. SUITE A			
	PALM HARBOR , F	34683		
		<u> </u>		
(b)				,
• • •	Enter name of NEW Registered Agent and/or NEW Registered	ed Office nddr	ms;	<u> </u>
	ATTACA NA A			2023 AFR
	NRAI Services, Inc.			* # *
	NEW Registered Office Address:			نہ :
	1200 South Pine Island Road			: 7
	·			·
	Plantation , F	L_33324		
ange ent w is/wei	mited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members also of organization or the operating agreement of the	e registered lability com of the limite	office and the business office pany, it is hereby confirmed the d liability company or as othe cility company.	of the registered
	iry of a morriber, or authorized representative of a member		Printed or typed name o	₹′
Hereb Povisió e oblig merei Itified	y accept the appointment as registered agent and ag us of all statutes relative to the proper and complete eations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. NRAI Services, Inc.	ree to act in e performance ed for in Che herehy conf	this capacity. I further agree te of my duties, and I am fami, pter 605, F.S. Or, if this doct irm that the limited liability co	to comply with the liar with and accept ument is being filed ompany has been
gnature	of Registered Agent			
,	By: Elizabeth Craw	ford - Acc	istant Secretary	