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DATE:

12/16/21

NAME: PALM BEACH AVR LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE

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.

1. No	nme of the limited liability company: PALM BEACH A	VR L	I.C		
2. (a)	518 LES JARDIN DR			ARDIN DR	
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability (Note: ALAYBE POST OFFIC	
	PALM BEACH GARDENS, FL 33410	_		ACH GARDENS, FL 33410	· · ·
	January 15, 2021	_	1.210000336	12	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			::	2821 1550
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				, <u></u>
	5575 S. SEMORAN BLVD. SUITE 36				9 1
	ORLANDOPI				PI
(b)	BlumbergExcelsior Corporate Services, Inc.				2: 0
	Enter name of NEW Registered Agent and/or NEW Registered	•			
	NEW Registered Office Address:	·		-	
	155 Office Plaza Drive, 1st Floor				
	Tallahassee, FI	3230] 	_	
change agent v was/we the art	cimited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of regis ability of the limite	the State of Flo tered office and company, it is limited liability	orida, it is hereby confirmed I the business office of the r chereby confirmed that the confirmed thad the confirmed that the confirmed that the confirmed that the c	egistered change(s)
Stena	nite of a member or authorized representative of a member	_		Printed or typed name of signee	
provisi the obj to mer	H) accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfo. d for i hereby	act in this capa rmance of my a in Chapter 605, confirm that t	wity. I further agree to con luties, and I am familiar wit , F.S. Or, if this document i he limited liability company	ply with the h and accept s being filed has been
Signati	II. FTT. CLAZE, CLOSACK, CACCOOLOG.				