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ALLAHÁSSEE, FLOH

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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. N	ame of the limited liability company: AVI-SPL GLOB	BAL LLC	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6301 BENJAMIN RD STE 101	6301 BE	NJAMIN RD STE 101
	TAMPA, FL 33634	TAMPA,	FL 33634
	04/15/2021	M2100000	05347
3.	Date of filing/registration in Florida	4.	Document number
÷ (-)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	AVI-SPL LLC	•	1023
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2023 HAR
	6301 BENJAMIN RD STE 101		2
	TAMPA	33634	A En
	,		- 8:
(b)			£
(-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	_
	Corporation Service Company		
	NEW Registered Office Address:		_
	1201 Hays Street		
			_
	Tallahassee, FI	32301 L	_
change agent was/w	limited 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 icles of organization or the operating agreement of the	e registered office ar ability company, it i of the limited liabili	d the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in
	/s/John Zettel	John Zettel, Au	uthorized Person
Signature of a member or authorized representative of a member			Printed or typed name of signee
provis. the obi to mer	by 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 act in this cap performance of my od for in Chapter 60, hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
/s/Grace E. Kirby Grace E. Kir			by, Asst Vice President
Signatu	ire of Registered Agent		