(Re	equestor's Name)			
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· (Čit	ty/State/Zip/Phone	e#)		
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95		
	REFERENCE	: 590463	4702973		
	AUTHORIZATION	: Sould ele	祖是一		
	COST LIMIT	: \$ 35 . 00			
ORDER DATE : A	pril 5, 2022				
ORDER TIME : 1	1:38 AM				
ORDER NO. : 5	90463-005				
CUSTOMER NO:	4702973				
<u>CHANGE OF AGENT</u>					
NAME: AVANTI DEVELOPMENT CORPORATION II					
PLEASE RETURN T	HE FOLLOWING AS	PROOF OF FILE	NG :		
CERTIFIED COPY XX PLAIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 6. inge is submitted for a corporation ir to change its registered office or	organized under the laws of th	e State of FL
			e state of Pioriaa.
	the corporation: AVANTI DEVELO		
2. The principal	office address: 923 N PENNSYLV	ANIA AVENUE WINTER PAR	K, FL 32789
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/27/2006	Document number	P06000147181
	d street address of the current registerment of State: (If resigned, enter it		on file with the
	SHAPIRO, MARVIN		
	923 N PENNSYLVANIA AVENL	JE	
	WINTER PARK, FL 32789		2
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or reg	·
	Corporation Service Company		
	1201 Hays Street		
		P.O. Box NOT acceptable	1. 29
	Tallahassee	FL 3230	<u>1</u>
The street addresses changed will	ess of its registered office and the be identical.	street address of the business	office of its registered agent,
=	as authorized by resolution duly a ne board or the corporation has be		
	Telle-		cutive Vice President
Signálu	re of an officer or director	•	d name and title
l further agree i of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this ch n Service Company	ill statutes relative to the prope	er and complete performance
By: Dinaca	C-Kubi.	04/01/2022	
_	nature of Registered Agent	Dı	alc
it signing on be	half of an entity:		
	Asst. Vice President yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *