P220000 87776

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(city/cutto/2.p/) Holic #/						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900413413319

2023 AUG 21 AM 10: 31

RECEIVED 2023 AUG 21 PM 3: 31

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 947049 7247429							
AUTHORIZATION : Trucker							
COST LIMIT : \$ 35:00							
ORDER DATE : August 21, 2023							
ORDER TIME : 2:26 PM							
ORDER NO. : 947049-010							
CUSTOMER NO: 7247429							
CHANGE OF AGENT							
NAME: AVERY PLACE SERVICES							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							

EXAMINER:

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

statement of cha	nge is submitted	ctions 607.0502, 617.0502, d for a corporation organiz registered office or register	ed under the law	ws of the State of	· 	<i>-</i>	
	•	•	Ū	•			
The name of the corporation: AVERY PLACE SERVICES CORPORATION The principal office address: 2730 CUMBERLAND BOULEVARD SE SMYRNA, GA 30080							
3. The mailing a	ddress (if differ	ent):			<u></u>		
4. Date of incorp	oration/qualific	cation: 11/21/2022	Document r	number: P22000	087776		
5. The name and	street address	of the current registered age (If resigned, enter resigned)		ed office on file w	rith the		
	soно ноus	ING PARTNERS, LLC					
	14021 N DALE MABRY HWY SUITE B						
	TAMPA		FL	33618			
6. The name and (if changed):	street address of	of the new registered agent	(if changed) and	d /or registered of	ffice SSET	DOS AUG 21 AF	
	Corporation S	ervice Company			- FLC	AH O.	
	1201 Hays Str	reet)RIC	$\frac{\omega}{2}$	
P.O. Box NOT acceptable							
	Tallahassee		FL	32301	<u> </u>		
The street addre as changed will	ss of its registe be identical.	red office and the street ad	idress of the bu	siness office of i	ts registered	agent,	
Such change wa authorized by th	s authorized by e board, or the	resolution duly adopted becorporation has been notified.	by its board of d fied in writing o	lirectors or by an of the change.	officer so		
D 1 5100 1000	of an officer or dir	200 octor		Sandell, //	CL PRES	1800 m	
I further agree to of my duties, and document is bein corporation has	o compiv with i	at as registered agent and the provisions of all statute with and accept the obligation of the control of the control of this change.	agree to act in t es relative to th	this capacity. e proper and cor	mplete perfoi	rmance , if this hat the	
	WAY DILLY		08/21/20	023			
	ature of Registered	Agent		Date			
If signing on bel	nalf of an entity	r.					
Ту	ped or Printed Name						

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)