(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 602514 4702973				
AUTHORIZATION: Cirulalleman				
COST LIMIT : \$ 35.00				
ORDER DATE : April 7, 2022				
ORDER TIME : 5:09 PM				
ORDER NO. : 602514-017				
CUSTOMER NO: 4702973				
CHANGE OF AGENT				
NAME: AVANTI MANAGEMENT CORPORATION				
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 for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of FL or registered agent, or both, in the State of Flor	<u> </u>
	the corporation: AVANTI MANA office address: 923 N PENNSY	GEMENT CORPORATION LVANIA AVENUE WINTER PARK, FL 32789	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 10/10/19	Document number: P9600008	3878
	d street address of the current represent of State: (If resigned, ent	gistered agent and registered office on file with terresigned)	the
	SHAPIRO, MARVIN	~:	207
	923 N PENNSYLVANIA AVE	NUE	2072 APR
	WINTER PARK	FL 32789 .	- 72
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and /or registered office	10
	Corporation Service Compan	у	<u>ت</u>
	1201 Hays Street		
		P O Box NOT acceptable	
	Tallahassee	FL 32301	
		he street address of the business office of its re	
Such change was authorized by th	as authorized by resolution duly ne board of the corporation has	y adopted by its board of directors or by an off sbeen notified in writing of the change.	icer so
	11/1/-	Andrew Dublil,	
	of an officer or director	Printed or typed name and tille	
Corporation	- Service Company	agent and agree to act in this capacity. If all statutes relative to the proper and comple If the obligation of my position as registered as Inge in the registered office address, I hereby of It is change.  04/04/2022	ete performanc gent. Or, if this confirm that the
	nature of Registered Agent		
J	half of an entity:	Date	
GRACE E. KIRE	BY, ASST. VICE PRESIDENT		
T	yped 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)