9/14/23, 4:19 PM

Division of Corporations

12122023573

From: David Thomas

## In larted Department of State 1) Position of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000324740 3)))



H230063247403ABC7

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor Fax Number	rporations : (850)617-6383
		,
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA000000023
	Phone	: (954)208-0845
	Fax Number	: (514)573-3996
		, ,
		s for this business entity to be used for future ngs. Enter only one email address please.**

## LLC REGISTERED AGENT CHANGE AVP OAKLAND PARK MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

MISTO LA PHINA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 15.

To Page 3 of 3 2023-09-14 14 21 51 CST 12122023573 From David Thomas

## 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.

i. Na	ame of the limited liability company: AVP OAKLAN	D PARK MANAGEI	MENT, LLC		
2. (a)	2093 PHILADELPHIA PIKE #1022	(b) 2093 PE	(b) 2003 PHILADELPHIA PIKE #1022		
- ( ( , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	No.	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	CLAYMONT, DE 19703	CLAYN	ONT, DE 19703		
	5/11/2022	M220000	07385		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	NORTHWEST REGISTERED AGENT LLC				
	Registered Agent and Registered Office shown on the records $\alpha$ 7901 4TH ST N	tare:			
	Registered Office Address	<del></del>			
	ST. PETERSBURG	71. <sup>33702</sup>	~;		
(b)	C T Corporation System		<del></del>		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	<del>-</del> ;			
	NEW Registered Office Address:		<u>ှာ</u>		
	1200 South Pine Island Road		_		
	Plantation , I	33324 L			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of I of the registered offi liability company, it s of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provisi the obl to mere notified By:	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing its as providing the statutes of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.  CT Corporation System	ie performance of m led for in Chapter 6 I hereby confirm the	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
	re of Registered Agent Natalie Pickens, Assistant Secretary	1			