## 190001178

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OCT 19 2021

IALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 107740 4728950

AUTHORIZATION :

COST LIMIT : \$ 23.00

ORDER DATE : October 14, 2021

ORDER TIME : 2:36 PM

ORDER NO. : 107740-013

CUSTOMER NO: 4728950

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## CHANGE OF AGENT

NAME: PALMETTO CAPE CORAL-CHIQUITA

BLVD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## 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. Name of the limited liability company: PALMETTO CAPE CORAL-CHIQUITA BLVD, LLC								
ז	(a)	221 S. CRAWFORD STREET	(b) P.O. BOX 1615					
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	υ).	_	address of limited lic : MAY BE POST O		-
		THOMASVILLE, GA 31792	THOMASVILLE, GA 31799					
		05/01/2019	_	L	.19000117871			
3.		Date of filing/registration in Florida	4.		Docur	nent number		
5.	(a)	WILDER, BEDFORD						
	()	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 215 S. MONROE STREET SUITE 400						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				·	2021 CST	
		TALLAHASSEE ,FL	32301			•	<u>c</u>	,
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:					Pii 12: 11	المييا
		1201 Hays Street						
					<del></del>			
		Tallahassee, FL_3	32301					
cha age wa	inge ent w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility co the lin	ed om nite	office and the bi pany, it is hereb ed liability comp	usiness office of a y confirmed that	the register the change	ed (s)
/s/ Miles Watkins				Miles Watkins, Authorized Person				
11i pro the to i	erel visi obli nere	wre of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	erform for in C reby c	ane Che onf	this capacity. It this capacity. It can be duties. Apper 605, F.S. Our that the limit	and I am familian Or, if this docum ited liability com	aamulu wi	th the accept giled sen
Sig	natui	re of Registered Agent	Grace	e E	. Kirby, Asst. V	ice President		