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(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone #	(#)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates c	of Status			
Special Instructions to Filing Officer.					

Office Use Only



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ALLAHASSEE, TI

MECELVED

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

ACCOUNT NO. : 12000000195						
REFERENCE 7644314						
AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ORDER DATE : October 27, 2021						
ORDER TIME : 10:03 AM						
ORDER NO. : 170804-002						
CUSTOMER NO: 7644314						
CHANGE OF AGENT						
NAME: ALBERTVILLE LAND ACQUISITIONS, 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.

1.	Na	me of the limited liability company: ALBERTVILL	E LAND A	CQUISITIO	ONS, LLC
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		9001 EAST COLONIAL DRIVE		9001 EA	AST COLONIAL DRIVE
		ORLANDO, FL 32817		ORLAN	DO, FL 32817
		L14000114288		L140001	14288
3.		Date of filing/registration in Florida	4.		Document number
5	(a)				
	(4)	Registered Agent and Registered Office shown on the records LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOV			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		1000 LEGION PLACE, SUITE 1700			76021
		ORLANDO	32801 FL_		[= # 2021 OCT 2 3ECRE1.:
		_			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>red Office ac</u>	ldress:	œ <u>"</u>
		Corporation Service Company			- 12 - 12
		NEW Registered Office Address:			
		1201 Hays Street			_
		Tallahassee	FL_32301		
cha age wa:	inge ent w s/we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the he register liability co s of the lin	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Jill	Cilmi, Auth	norized Person	
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	wisic obli nere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address. I in writing of this change.	gree to act te perform ted for in (I hereby c	in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
		Drace Z-Kuble e of Registered Agent	Grace	E. Kirby, A	Asst. Vice President