umber: 84-2752301	Certificate of Status Desired: No		
and Address of Current Registered Agent:			
SON COLLINS, PL TOCKTON STREET DNVILLE, FL 32204 US			
re named entity submits this statement for the purpose of changing its registered office or regi	stered agent, or both, in the State of Florida		

SIGNATURE: KRISTOPHER D. ROBINSON							
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	MANAGER	Title	MANAGER				
Name	BRIDGEWATER, JOHN J	Name	BRIDGEWATER, IVY W				
Address	1211 SPRING BRANCH RD.	Address	1211 SPRING BRANCH RD.				

DOCUMENT# L19000182807

Entity Name: 603 SOUTH BRANCH RD., LLC

Current Principal Place of Business:

1211 SPRING BRANCH RD. ST. JOHNS. FL 32259

Current Mailing Address:

1211 SPRING BRANCH RD. ST. JOHNS. FL 32259

FEI Number: 84-2752301

Name a

ROBINSC 1604 STC JACKSO

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Address	1211 SPRING BRANCH RD.	Address	1211 SPRING BRANCH
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	ST. JOHNS FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIDGEWATER, JOHN J

MANAGER

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 31, 2022 Secretary of State 2824132251CC

Date