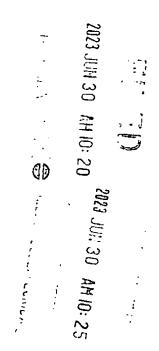
## B9500000345

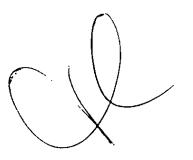
(	Requestor's Name)	
(	Address)	
	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	5	
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to F	Filing Officer.	

Office Use Only



700411357357





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 822931 5035116

AUTHORIZATION

COST LIMIT : U\$ 35.00

ORDER DATE : June 19, 2023

ORDER TIME : 9:34 AM

ORDER NO. : 822931-031

CUSTOMER NO: 5035116

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: COUNTRY LAKES, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

L COUNTRY LA	KES, L.P.		
1	Name of Limited Partnership of	or Limited Liability Limited Partner	ship
2. 09/27/1995		3. B95000000345	
	ing/registration in Florida	Florida document number	
4. The name of the Department of Stat		tered office address as shown on the	e records of the Florida
	CT CORPORATION SY	STEM	
		Name	•
	1200 SOUTH PINE ISLA	AND ROAD	
		Address	<u>د</u>
	PLANTATION, FL 33324	4	<del>د</del>
	City.	State and Zip	J¥
5. The name and F	florida street address of the nev	v registered agent and/or office:	2 . F
	Corporation Service Company		
		Name	-
	1201 Hays Street		
	Florida street addre	ss (P.O. Box not acceptable)	-
	Tallahassee	FL	
	City,	State and Zip	-
6. Such ehange(s)	is/are effective when filed by t	he Florida Department of State.	
V .	Jill Cilmi, Vice President on		
Signature of Gener	of Portner	At County Lakes, Inc., Gene	ral Partner
Signature of Cener	at t attici		
		ent and agree to act in this capacity.	
		to the proper and complete perform of my position as registered agent.	iance of my duties,
Υ/	And by	y my paminan an rogmo on agom	
Signature of Regist	ered Agent		
	, Asst. Vice President		
Filing Fee:	\$35.00		
	\$35.00 (optional): \$52.50		