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A. BUTLER NOV 16 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 127219 8381425 AUTHORIZATION : COST LIMIT : ORDER DATE: November 10, 2022 ORDER TIME : 7:38 AM ORDER NO. : 127219-014 CUSTOMER NO: 8381425 CHANGE OF AGENT NAME: MULTIFAMILY MANAGEMENT, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statution organized under the laws of the State of AL. s or registered agent, or both, in the State of Floric	
1. The name of t	the corporation: MULTIFAMILY	MANAGEMENT, INC.	
2. The principal			
255 N Joachim	Suite N Mobile, AL 36603		
3. The mailing a	ddress (if different): P.O. BOX	16506 MOBILE, AL 36616-1506	
	poration/qualification: 08/03/2		101
5. The name and		egistered agent and registered office on file with th	ic
	GUTTMANN, STEPHEN MA	ATTNY	
314 S BAYLEN STREET #203			
	PENSACOLA, FL 32502	,	202
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	2022 NOV 14
	Corporation Service Compar	ny	
	1201 Hays Street	: · i	E Oi
		P.O. Box NOT acceptable	当一方
	Tallahassee	FL 32301	17 O
-		the street address of the business office of its reg ly adopted by its board of directors or by an office is been notified in writing of the change.	
Patrick (O. Colley	Patrick J. Coffey, CEO	
I hereby accept I further agree i of my duties, an document is bei corporation has	lo comply with the provisions (d I am familiar with and acce	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complet pt the obligation of my position as registered ag ange in the registered office address, I hereby co is change.	ent. Or. if this
By: I ha	co (Kubi	11/10/2022	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)