F9500006019

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2024 FEB 20 AM 10: 58



A. RAMSEY FEB Q1. 2024

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

ACCOUNT NO. : I2000000195					
REFERENCE : 312765 7482226					
AUTHORIZATION: CAREBOLETON					
COST LIMIT : \$35.00					
ORDER DATE : February 9, 2024					
ORDER TIME : 11:0 AM					
ORDER NO. : 312765-119					
CUSTOMER NO: 7482226					
CHANGE OF AGENT					
NAME: SOUTH FT. MEADE LAND MANAGEMENT, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi or to change its registered office or registe	ized under the lav	vs of the State of De	laware		
	the corporation: SOUTH FT. MEADE LA					
The name of the principal	office address: 101 East Kennedy Boule	vard, Suite 2500), Tampa, FL 33602			
 3. The mailing a	ddress (if different): 3033 Campus Drive	e, Suite W400, Pl	lymouth, MN 55441-	2651		
		Document number: F95000006019				
5. The name and	istreet address of the current registered ag timent of State: (If resigned, enter resigned	gent and registere				
	C T Corporation System			22		
	1200 South Pine Island Road			2024 FEB 20		
	Plantation	FL	33324	EB 2		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company					
	1201 Hays Street					
	Tallahassee	NOT acceptable	32301			
_	ess of its registered office and the street a be identical.					
Such change wa authofized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of d ifted in writing o	frectors or by an offi of the change.	cer so		
Xie	2. agnie	Jill Cilmi, Vice				
/ 12	e of an officer or director		d or typed name and title			
f further agree to of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	agree to act in t les relative to the cation of my posi registered office	ms capacny. e proper and comple ition as registered ag e address, I hereby co	te performance vent. Or, if this confirm that the		
3у:С	unler	02/20/2024	Date			
	nalf of an entity:		Date			
	Asst. Vice President					
-	-					

* * * 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)