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

ACCOUNT NO. : 12000000195 REFERENCE : 621792 8407408 AUTHORIZATION : COST LIMIT : ORDER DATE: March 29, 2023 ORDER TIME : 2:32 PM ORDER NO. : 621792-002 CUSTOMER NO: 8407408 CHANGE OF AGENT NAME: LYMAN DAVIDSON DOOLEY, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

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	in 617.0502, 607.1508, or 617.1508. Florida Statutes, this ion organized under the laws of the State of GEORGIA or registered agent, or both, in the State of Florida.	
	the corporation: LYMAN DAVIE	G. G.	
	office address: 1640 POWERS	S FERRY ROAD BUILDING ONE, SUITE 100	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 10/14/19	96 Document number: F96000005318	
	d street address of the current re rtment of State: (If resigned, ent	-	
	Lyman, Steven Gregg	2023	
	202 19th Avenue South		,
	Jacksonville Beach	FL 32250) -
6. The name and (if changed):	Į.	FL 32250 tered agent (if changed) and /or registered office	型二:07
	Corporation Service Compan	<u></u>	
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and t be identical.	he street address of the business office of its registered a	ıgent.
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation has	y adopted by its board of directors or by an officer so sbeen notified in writing of the change.	
<u>Xiel</u>	E. agnie	Jill Cilmi, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions a	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete perform of the obligation of my position as registered agent. Or, inge in the registered office address, I hereby confirm the s change.	nance if this at the
<u>Βy:</u>	are Cokubi	03/31/2023	
_	nature of Registered Agent half of an entity:	Date	
	Asst Vice President	<u> </u>	
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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