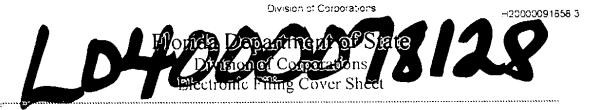
3/24/2020



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Fax Number : (850)558-1515

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## LLC REGISTERED AGENT CHANGE LAND COMPANY OF OSCEOLA COUNTY, LLC

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O SIMMONS

MAR-2-5-2020-----

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited lia	bility company	: Land Comp	any of Osceo	a County, L	LC			
2.	(a)	c/o FD Destiny Management, LLC Principal office address of limited liability company:			(b)	(b) c/o FD Destiny Management, LLC				
	` , ,				;	М	lailing address of l			-
		(Note: M	<u>UST BE STREET</u>	<u>ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)				ע
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		Milford	ст	06461		Milford	CT_	06461		
		10/27/2004				L0400007	8128			
3.			ng/registration	in Florida	<del></del> 4.		Document num	ber	_	
_	, .		- ·							
5.	(a)	Adam Hodkin Registered Agent and R	egistered Office sl	nown on the record	ds of the Florida	Dept. of State:	:	2	207	
									2020 HAR 24	.•
		120 E. Palmetto F Registered Office Addr		FLORIDA STRI	EET ADDRESS)				AR	
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		Boca Raton			, FL. <u>33432</u>				AH 10: 51	أوسا
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•	(p)							(T)		
		Enter name of NEW Ro	egistered Agent a	HIPOT NEW REGIS	ierea Omice and	1525.				
		1201 Hays Street								
		NEW Registered Offic	e Address:							
					-					
		Tallahassee			, FL_32301					
						c	and the factor of the		ad that	Ce a.v.
617.	a cha	imited liability compinge or changes are i	made the Flori	da street addre	ss of the regis	tered office	and the busine	iss office (	or inc re	gistorou
		vill be identical. Or	in the case of	a Florida limit	ed hability co	BYDANY, IL IS	i nereby commi	nea mai i	пе спащ	20(8)
W	as/wo	ere authorized by an icles of organization	affirmative vo	te of the memb heavreement o	ers of the tim f the limited I	ned naomty lability com	/ сотрану ог а грапу.	Sourchvis	se provi	Jea m
		nathan DeLuca	** W-F -F	0 0		ithan Delu				
		ture of a member or auth	orized representat	ive of a member			Printed or typed i	name of sign	ice	
pr th to	ovisi e obi mer	by accept the appoir ions of all statutes re ligations of my posite ely reflect a change	clative to the pl ion as registere in the registere	tered agent and coper and comp ed agent as pro ed office addres	d agree to act plete perform pyided for in C ss, I hereby co	in this capa mee of my a hapter 605 onfirm that t	wity. I further luties, and I an . F.S. Or, if the the limited liab	agree to a familiar is docume ility comp	comply v with an ut is hei any has	with the d accept ng filed been
nc	щк	d'in writing of this c	minge. Anova	E 1822	Α	manda Ro	binson, Asst.	Vice Pres	sident	
Ŝ	ignatu	ire of Registered Agent (	Corporation S	ervice Compa	iny BY:					

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