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2024 DEC 18 PM 3: 32



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 840068- 7681421

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 16, 2024

ORDER TIME : 12:33 PM

ORDER NO. : 840068-061

CUSTOMER NO: 7681421

CHANGE OF AGENT

NAME: LAKE COUNTY TIMBER, LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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.

I. Na	ame of the limited liability company: LAKE COUNT	Y HMBE	R, LLC.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	161 CAPE SHORES CIRCLE		P.O. BO	X 585774	
	CAPE CANAVERAL, FL 32920		ORLAND	OO, FL 32858	
	05/03/2007		L0700004	7308	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)					
(,	Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	of the Flori	da Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	1615 WOODWARD STREET				
	ORLANDO, I	32803		2024 DEC 18	
(b)	Enter name of NEW Registered Agent and/or NEW Register			-	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	<u>ddress</u> :		
	Corporation Service Company			- F1 2:	
	NEW Registered Office Address:			22	
	1201 Hays Street			-	
	Tallahassee, I	FL_32301		_	
change agent v was/w	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members acles of organization or the operating agreement of the	aws of the ne registe liability of the lis	e State of Flored office an ompany, it in the mitted liabilited	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/s/ Philip K. Calandrino		Philip K. Calandrino, Authorized Person		
_	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet	gree to ac	rt in this cap nance of my	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept	
the obt to men	igations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in writing of this change.	led for in I hereby o	Chapter 60: confirm that	5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	Inaca Cokubil	GRACE E	E. KIRBY, A	SST. VICE PRESIDENT	