L07000065318

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Y SULKER NOV 0.2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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.

1. N	lame of the limited liability company: SAMUEL CA	RTER ATK	(INSON, LL	C	
2. (a)	r	(b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BON		
	9001 EAST COLONIAL DRIVE		9001 EA	ST COLONIAL DRIVE	
	ORLANDO, FL 32817		ORLAND	OO, FL 32817	
	06/21/2007		L0700006	65318	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	.				
3. (a) Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of Sta	 te:	
	LOWMAN, WILLIAM R., JR., ESQ. SHUFFIELD, LO				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1000 LEGION PLACE, SUITE 1700				
	ORLANDO	32801			
		FL			
(b)					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Corporation Service Company			The second secon	
	NEW Registered Office Address:				
	1201 Hays Street				
				- 20.00	
	Tallahassee	FL_32301		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the cont	the register Hiability cors of the lin	ed office ar ompany, it i nited liabili	nd the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in	
	/s/: Jill Cilmi Jill Cilmi, Aut		Cilmi, Autho	orized Person	
-	ature of a member or authorized representative of a member			Printed or typed name of signee	
I here provis the ob to men notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.	igree to act de perform ded for in (I hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
	Drace C-Kuble	Grace I	E. Kirby, A	sst. Vice President	
Signati	ure of Registered Agent				