

Division of Corporations

# L08000052006

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON  
Account Number : 076376001555  
Phone : (803) 255-9617  
Fax Number : (561) 483-7321

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: belltate@gmail.com

**LLC REGISTERED AGENT CHANGE  
PALMETTO COVE OF SOUTH CAROLINA, LLC**

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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. Name of the limited liability company: Palmetto Cove of South Carolina, LLC
2. (a) c/o Nelson Mullins Riley & Scarborough LLP  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2 W. Washington Street, Suite 400  
Greenville, SC 29601
- (b) c/o Nelson Mullins Riley & Scarborough LLP  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
P.O. Box 10084  
Greenville, SC 29603
3. May 23, 2008 4. L08000052006  
Date of filing/registration in Florida Document number
5. (a) Charles P. Sacher  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2655 LeJeune Road, Suite 1101  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Miami, FL 33134
- (b) BRCA, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1905 NW Corporate Blvd., Suite 310  
NEW Registered Office Address:  
Boca Raton, FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jack P. Tate  
Signature of a member or authorized representative of a member

Jack P. Tate, Trustee of the Jack P. Tate Trust  
dated 10/28/08, as amended  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jack P. Tate  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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