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|---|--------------------------|--|--|--|--|--|
| | (Requestor's Name) | | | | | |
| | (Address) | | | | | |
| | (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| J DENNIS JUL 14 2023 | | | | | | |
| JUL 1 4 2023 | | | | | | |
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Office Use Only



800411827938

SELACIÁR FORFORATION

2023 JUL 13 MM II: 20

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 | ame of the limited liability company:HARVEST WA | Y, LLC | | | |
|------------------------------|---|---|---|--|--|
| 2. (a) | 1 Independent Drive, 20th Floor | (b)_ | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0)_ | N | Mailing address of limited (Note: MAY BE POST | |
| | Jacksonville, FL 32202 | - | | | |
| | 05/07/2009 | LO | 9000044 | 491 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | Gresham R. Stoneburner | | | | |
|). (a) | Registered Agent and Registered Office shown on the records of | the Florida De | pt. of State | : | |
| | 1031 LaSalle Street | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | 4DDRESS) | _ | | |
| | Jacksonville, FL | 32207 | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | Office addre | <u>ss</u> : | | ZOZZ JUL |
| | NEW Registered Office Address: | | | | 13 A |
| | 1201 Hays Street | | | | 平海早 |
| | Tallahassee, FL_ | 32301 | | | AH 10: 31 |
| hange gent w vas/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered o bility comp f the limited | office and any, it is I liability | the business office of hereby confirmed the company or as other | of the registered at the change(s) |
| | Jill Cilmi | Jill Cilm | • | ized Person | |
| _ | ure of a member or authorized representative of a member | | | Printed or typed name of | |
| rovisio he obli o mere | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h | ee to act in t performance for in Chaj ereby confi | this capac e of my di pter 605, rm that th | city. I further agree in outies, and I am famili F.S. Or, if this docu ne limited liability co. | to comply with the iar with and accept ment is being filed mpany has been |
| ongiea / | | • | | e Company | |
| Signatur | e of Registered Agent | mi M. Cas | per, As | st. Vice President | ł |