

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000231445 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 £ax Number : (888)706-7274

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

Email Address:	
----------------	--

LLC REGISTERED AGENT CHANGE PLAYA PROPERTY LLC

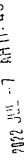
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUL - 8 2022



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	PLAYA PROPER	RTY LLC					
o o o o c	···	Name of Limited Liability Company					
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
Jos	hua Murphy						
	Name of Person						
Regis	stered Agent Solutions, Inc.						
	Firm/Company						
Corpo	orate Center One, 5301 Southwes	st Pkwy, Ste 400					
	Address						
Austi	n, TX 78735						
	City/State and Zip Code						
E	-mail address: (to be used for future ann	nual report notification)					
For fur	ther information concerning this matter.	, please call:					
Jos	shua Murphy	888 705-7274					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	S25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS1	8 (2/14)						

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 liabilit: company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: PLAYA F	PROPERTY	LLC	
	5923 LOWER BLUE SPRINGS ROA	D (b) 5923	LOWER BLU	E SPRINGS ROAD
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HAMILTON, GA 31811		(Note: MAY E	of limited liability company: BE POST OFFICE BOX GA 31811
	11/4/2010	L100	00114923	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
s (a)	BLUMBERGEXCELSIOR CORPORATE S	SERVICES, INC.	•	
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:	
	155 OFFICE PLAZA DRIVE, 1ST FI	LOOR	• •	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		
				28822 TA1
	TALLAHASSEE,	_{El} 32301		
	TALLATAOULL,	FL 02001		影气
Æ	Registered Agent Solutions, Inc.			385
(b)	Enter name of NEW Registered Agent and/or NEW Register			
	155 Office Plaza Dr.		·.	NEZ JUL - 7 PM 4: 19
	NEW Registered Office Address:			
	Suite A			
	Tallahassee	FL 32301		
the cha agent v	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street in the control of the control	of the registered of Hiability company, is of the limited fial	it is hereby conf bility company or	firmed that the change(s)
	aren wolff	Karen wo	lff	Manager
-	nture of a member or authorized representative of a member			ed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and compl ligations of my position as registered agent as prove ely reflect a change in the registered office address d in writing of this change.			

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

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent