1300000886

(F	Requestor's Name)						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions	to Filing Officer.						

Office Use Only



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ALLAHASSEE, FLUT

2021 NOY - 1 AM 11: 4:

RECEIVED

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Y SULKER NOV 0.2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95					
	REFERENCE	:	170804	7644314					
A	UTHORIZATION	:	Sprell of	man					
	COST LIMIT	:	\$ 2500	mus.					
ORDER DATE : Oct	ober 27, 2021		**						
ORDER TIME : 8:	40 AM								
ORDER NO. : 170	804-102								
CUSTOMER NO:	7644314								
		-							
CHANGE OF AGENT									
NAME: TUSCUMBIA LAND, LLC									
PLEASE RETURN THE	FOLLOWING AS	PRO	OOF OF FILE	NG:					
CERTIFIED COPY XX PLAIN STAMPED COPY									
AA FLAIN SIN	WEED COFT								

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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: TUSCUMBIA	LAND, LL	C		
2. (a)		d	h))	
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		~, <u>~</u>	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	my:
	9001 EAST COLONIAL DRIVE		ć	9001 EAST COLONIAL DRIVE	
	ORLANDO, FL 32817		(ORLANDO, FL 32817	
	07/16/2013		L	L13000100886	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records			•	
	LOWMAN, WILLIAM R., JR., ESQ. SHUFFIELD, LO				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES!	<u>S)</u>		
	1000 LEGION PLACE, SUITE 1700				
	ORLANDO	32801			
	``				.=
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u> </u>			\mathcal{F}_{i}
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldre	Iress:	
	Corporation Service Company			Ires:	
	NEW Registered Office Address:			- TE &	
	1201 Hays Street				
	Tallahassee	32301 L			
If the li	imited liability company is not organized under the I	aws of the	Sta	State of Florida, it is hereby confirmed that a	fter the
agent v was/we	or 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 cles of organization or the operating agreement of the	liability co of the lim	omp nite	npany, it is hereby confirmed that the change ted liability company or as otherwise provide	:(s)
,	/s/: Jill Cilmi	Jill (Cilr	Cilmi, Authorized Person	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
proviși the obl to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid Ply reflect a change in the registered office address. I I'in writing of this change.	gree to act le perform led for in C I hereby co	t in anc Cha onfi	in this capacity. I further agree to comply wi nce of my duties, and I am familiar with and hapter 605, F.S. Or, if this document is being nfirm that the limited liability company has b	th the accept 2 filed een
	Moca C-Kuble re of Registered Agent	Grace I	E. k	. Kirby, Asst. Vice President	
Signatu	re of Registered Agent				