(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	_
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 170804 7644314									
NAME OF TAXABLE PARTY O									
AUTHORIZATION: Smorth Remain									
COST LIMIT : \$ 25.00									
ORDER DATE : October 27, 2021									
ORDER TIME : 8:26 AM									
ORDER NO. : 170804-077									
CUSTOMER NO: 7644314									
CHANGE OF AGENT									
NAME: MORRISTOWN LAND, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY									
X PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland EXT#									

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.	Na	me of the limited liability company: MORRISTOWN	LAND,	Ll —	LC			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ĺ		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		9001 E COLONIAL DR			9001 E C	OLONIAL DR		
		ORLANDO, FL 32817			ORLAND	O, FL 32817		
		10/20/2015			L1500 017 8	3424		
3.		Date of filing/registration in Florida	- 4.	-		Document number		
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOWM	the Floric		•			
		Registered Office Address (MUST BE FLORIDA STREET.	(DDRES	<u>(S)</u>		-		
		1000 LEGION PLACE. SUITE 1700				.د		
		ORLANDO , FL	32801					
		, I I		_		منتخب المستعلق		
	(b)			_		The second second		
		Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			ress:			
						- I BOOK THE STATE OF THE STATE		
		NEW Registered Office Address:				74		
		1201 Hays Street						
		Tallahaaaa	00004					
		Tallahassee	32301			-		
cha age wa.	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill 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	register bility co f the lin	ed on nit	l office and apany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/: Jill Cilmi		Jill	Jill Cilmi, Authorized Person					
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signee		
pro the to i	wisia obli nere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete j gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	re to ac perform I for in (ereby c	t ii ar Cl	n this capa ice of my d iapter 605, ifirm that i	acity. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
		Drace to Kinble	Grace	E.	Kirby, As	st. Vice President		
Sig	natur	e of Registered Agent						