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(Requestor's Name)			
(Address)			
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	of Status	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dry Ridge South LLC (FL) Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paul F. Green Name of Person		
Firm/Company		
3555 Dry Ridge Rd		
Loudon, TN 37774 City/State and Zip Code		
	10 HOV	1151011 11038 11011
For further information concerning this matter, please call:	 (5)	- 23. - 23.
Paul Green at (865) 567-3585 Name of Person Area Code & Daytime Telephone Number	3C :6 AE	ne STATE
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303	• • •	3.5
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee		

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.

summus the following statement in order to change its registered	
1. Name of the limited liability company: Dry Rid	ge South LLC (FL)
2. (a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
12172 NE Jacksonville	Rd. 3555 Dry Ridge Rd
Anthony, FL 32617	Loudon, TN 37774
Feb 25, 2019	L17000009074
3. Date of filing/registration in Florida	4. Document number
5. (a) CT Corporation System Registered Agent and Registered Office shown on the records of the	
Registered Agent and Registered Office shown on the records of the	: Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET AD	MADECE
1200 South Pine Island	
Plantation, FL	33324
(b) Paul F. Green	
(b) FAUL F. GYEEN Enter name of NEW Registered Agent and/or NEW Registered O	office address:
NEW Registered Office Address: 12/72 NE JACKSONVILLE	n d
12/12 NE JULKSONVIIL	PA ST
Anthony	32617 3 語
	<u></u>
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the re	egistered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liabi was/were authorized by an affirmative vote of the members of	ility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the lit	mited liability company.
Signature of a member or authorized representative of a member	Patricia A Green Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I hereful in writing of this change.	e to act in this canacity. I further agree to comply with the
Signature of Registered Agent	

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