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SAMI HAR - PANSAMO

MAY 1 1 2021

R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	•
Lake Nona CDM, ELC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kasey M Minor	
Name of Person	
Workman Management Group, LLC	
Firm/Company	
P.O. Box 768	
Addiess	
Effingham, IL 62401	
City/State and Zip Code	
kminor@workmangroup.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Kasey M Minor	618 899-0281
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: Lake Nona Cl	OM, LLC	
2. (a)	1200 Network Centre Drive Suite 2	(P.O. Box 768
. (-,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	Effingham, IL 62401		Effingham, IL 62401
	3/27/2018		L18000078783
	Date of filing/registration in Florida	4,	Document number
. (a)	B&C CORPORATE OF CENTRAL FLORIDA, INC		
. (-)	Registered Agent and Registered Office shown on the records B&C CORPORATE OF CENTRAL FLORIDA, INC		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>S</u>
	390 N. ORANGE AVENUE Suite 1400		
	Orlando	FL_32801	<u>_</u>
(b)	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company NEW Registered Office Address: 1201 Hays Street	red Office a	ddress:
	Tallahassee	FL_32301	
hange igent w vas/we	or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited	he register liability e s of the lir	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Yongola Bromlen	Jor	nathan Brumle
I hereb rovisio he obli o mere notified	ty accept the appointment as registered agent and a possible of all statutes relative to the proper and comple gations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change. Atha Millar, Acat VP of Registered Agent	gree to ac le perform led for in I hereby c	Printed or typed name of signec I in this capacity. I further agree to comply with the sance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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

INHS18 (2/14)