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Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000195
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REFERENCE : 107740 4728950

AUTHORIZATION Smell Cons.

COST LIMIT : U\$\25.00

ORDER DATE : October 14, 2021

ORDER TIME : 2:47 PM

ORDER NO. : 107740-048

CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO LAKE WALES-HWY 60,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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.

me of the limited liability company: PALMETTO LAR	(E W	4LE:	S-HWY 60,	LLC	
. (a) 221 S. CRAWFORD STREET		(b) P.O. BOX 1615			
Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	·	(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
THOMASVILLE, GA 31792			THOMAS	/ILLE, GA 31799	
04/27/2018	_	_	_18000106	378	
Date of filing/registration in Florida	4.	_		Document number	
WILDER, BEDFORD					
Registered Agent and Registered Office shown on the records of to 215 S. MONROE STREET SUITE 400	he Flo	rida I	Dept. of State	;	
Registered Office Address	DDRI	ESS)			
TALLAHASSEE	3230	1			
, FL	0200				
				25	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	<u>'ess</u> ;		
Corporation Service Company				ADDIOCT 18 AM 9: 23	
NEW Registered Office Address:				53 I III	
1201 Hays Street					
Tallahassee, FL	3230	1		9: 23 E. FL	
or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	regist bility f the l	ered con imit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
75 WITES WARNIS			Ailes Watkins, Authorized Person		
by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	perfor for ii ereby	mar 1 Ch 1 con	this capac ce of my di apter 605, firm that tl	Printed or typed name of signee city. I further agree to comply with the attes, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been Asst. Vice President	
	221 S. CRAWFORD STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) THOMASVILLE, GA 31792 04/27/2018 Date of filling/registration in Florida WILDER, BEDFORD Registered Agent and Registered Office shown on the records of the 215 S. MONROE STREET SUITE 400 Registered Office Address TALLAHASSEE TALLAHASSEE FL Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee FL mited liability company is not organized under the law or changes are made, the Florida street address of the cill be identical. Or, in the case of a Florida limited liability code of organization or the operating agreement of the law or classes of organization or the operating agreement of the law or of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member or authorized representa	221 S. CRAWFORD STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) THOMASVILLE, GA 31792 04/27/2018 Date of filing/registration in Florida 4. WILDER, BEDFORD Registered Agent and Registered Office shown on the records of the Floration 215 S. MONROE STREET SUITE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESTREET A	221 S. CRAWFORD STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) THOMASVILLE, GA 31792 04/27/2018 Date of filing/registration in Florida 4. WILDER, BEDFORD Registered Agent and Registered Office shown on the records of the Florida F 215 S. MONROE STREET SUITE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE , FL 32301 Enter name of NEW Registered Agent and/or NEW Registered Office address (MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE , FL 32301 Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street Tallahassee , Fl 32301 mited liability company is not organized under the laws of the S or changes are made, the Florida street address of the registered cill be identical. Or, in the case of a Florida limited liability compre authorized by an affirmative vote of the members of the limited liability compre authorized by an affirmative vote of the members of the limited liability compressed in the registered agent and agree to act in the set of a member of a member of authorized representative of a member of a member of a member of the proper and complete performing agricious of my position as registered agent and agree to act in the registered agent as provided for in Child to reflect a change in the registered agent as provided for in Child to reflect a change in the registered office address. I hereby confine writing of this change. Grace	221 S. CRAWFORD STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) THOMASVILLE, GA 31792 THOMASVILLE, GA 31792 THOMASVILLE, GA 31792 O4/27/2018 Date of filing/registration in Florida WILDER, BEDFORD Registered Agent and Registered Office shown on the records of the Florida Dept. of State 215 S. MONROE STREET SUITE 400 Registered Office Address MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE FL 32301 Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee Fl 32301 mited liability company is not organized under the laws of the State of Florical contents of the imited liability company. It is reacted by an affirmative vote of the members of the limited liability company is not organized under the laws of the members of the limited liability company is not organized under the laws of the State of Florical imited liability company is not organized under the laws of the State of Florical imited liability company is not organized under the laws of the State of Florical imited liability company is not organized under the laws of the Imited liability company is not organized under the laws of the Imited liability company is not organized by an affirmative vote of the members of the limited liability company is not organized by an affirmative vote of the members of the limited liability company of the scheme of the proper and complete performance of mix of gations of my position as registered agent and agree to act in this capanism of my position as registered agent and agree to act in this capan of my of my reflect a change in the registered agent as provided for in Chapter 605, to reflect a change in the registered office address. I hereby confirm that it in writing of this chapter. Grace E. Kirby.	