## L18000120120

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RARUCIS

OCT 2 0 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 107740 4728950

AUTHORIZATION : Spelle

COST LIMIT : \$ 25.00°

ORDER DATE: October 14, 2021

ORDER TIME : 3:25 PM

ORDER NO. : 107740-079

CUSTOMER NO: 4728950

## CHANGE OF AGENT

NAME: PALMETTO SARASOTA-FRUITVILLE

RD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX 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. N	ame of the limited liability company: PALMETTO SAF	RASOTA	4-FR	RUITVILLE RD, LLC	
2. (a)	221. S. CRAWFORD STREET	(	b) P.	.O. BOX 1615	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	د د ا	Mailing address of limited lie (Note: MAY BE POST O	
	THOMASVILLE, GA 31792	_	TH-	HOMASVILLE, GA 31799	
		_			
	05/14/2018		L18	3000120120	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	WILDER, BEDFORD				
	Registered Agent and Registered Office shown on the records of the 215 S. MONROE STREET SUITE 400	he Florid:	i Dept	I. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>	2(
					021
	TALLAHASSEE	32301	-	<del></del>	2021 GCT 19
	, rL_		_	<del></del>	
(b)					<u></u>
	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	<del></del>	1:0 H
	Corporation Service Company			·	<u>=</u>
	NEW Registered Office Address:		-		
	1201 Hays Street				
	Tallahassee . FL	32301			
agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	egistere pility con the limi mited li	d off npar ited l abilit	ice and the business office of the confirmed that the iability company or as otherwith company.	he registered
	s Watkins ure of a member or authorized representative of a member	Mile	s Wa	tkins, Authorized Person	
				Printed or typed name of sign	
the obli to mere	y accept the appointment as registered agent and agree ms of all statutes relative to the proper and complete pegations of my position as registered agent as provided the reflect a change in the registered office address. The in writing of this change.	e to act , erforma for in C, reby coi	in thi nce o hapte nfirm	is capacity. I further agree to coff my duties, and I am familiar is 605, F.S. Or, if this docume that the limited liability comp	comply with the with and accept nt is being filed any has been
Signatur	of Registered Agent	Grac	e E. I	Kirby Asst. Vice President	
	-				