## L18000120127

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only/State/Elp/1 Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entry (value)						
(Document Number)						
Certified Copies Certificates of Status						
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400374169024

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195							
REFERENCE :	107740 4728950							
AUTHORIZATION :	Spelleran							
COST LIMIT :	\$ 25.00							
ORDER DATE : October 14, 2021								
ORDER TIME : 3:19 PM								
ORDER NO. : 107740-060								
CUSTOMER NO: 4728950								
CHANGE OF AGENT								
NAME: PALMETTO MORGAN LLC	VTOWN-CHEAT RD,							
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland	1 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.

i.	Na	me of the limited liability company: PALMETTO MO	RGAN	ro —	WN-CHEA	AT RD, LLC		
2.	(a)	221 S. CRAWFORD STREET	(	b)	P.O. BOX	( 1615		
	<b>\</b> /	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	_ `	- /		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		THOMASVILLE, GA 31792	_		THOMAS	VILLE, GA 31799		
			_					
		05/14/2018	_	ا	_18000120	0127		
3.		Date of filing/registration in Florida	4.		ı	Document number		
5.	(a)	WILDER, BEDFORD						
	(-/	Registered Agent and Registered Office shown on the records of t 215 S. MONROE STREET SUITE 400	he Florid	la (	Dept. of State:	- ::		
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>(S)</u>				
		,				- (/)		
		TALLAHASSEE, FL_	32301			W. 170.		
	(b)							
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ddı</u>	<u>ress</u> :			
		Corporation Service Company						
		NEW Registered Office Address:				40		
		1201 Hays Street						
		Tallahassee FL_	32301		<del></del>			
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 will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed om nit	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		
		s Watkins	Mile	es		Authorized Person		
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signee		
pro the to t	visio obli nere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h Fin writing of this change.	e to act perform for in ( ereby c	t ii an Ch on	this capac ce of my di apter 605, firm that th	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
J	N.	ace t-Kuble	Grac	e	E. Kirby A	sst. Vice President		
Sig	natur	e of Registered Agent			-			