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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	120000001	95
	REFERENCE	:	107740	4728950
	AUTHORIZATION	:	South	ena
	COST LIMIT	:		
ORDER DATE :	October 14, 2021			

- ORDER TIME : 3:19 PM
- ORDER NO. : 107740-062
- CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO MORGANTOWN-EARL CORE RD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

1

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. Na	ame of the limited liability company:	JRGA	NTO	WN-EARL	_ CORE RD, LLC
2. (a)	221 S. CRAWFORD STREET		(b)	P.O. BOX	K 1615
- ()	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 BON)
	THOMASVILLE, GA 31792		-	THOMAS	VILLE, GA 31799
	05/14/2018		ŀ	.18000120	0156
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	WILDER, BEDFORD				
	Registered Agent and Registered Office shown on the records of 215 S. MONROE STREET SUITE 400 Registered Office Address (MUST BE FLORIDA STREET			ept. of State	-
	TALLAHASSEE FI	_3230 	1		2021 OCT 3ECRE I TALY A
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	addr	<u>ess</u> :	2.
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee FI	_3230	1		_
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the	tered com limite	office and pany, it is ed liability	d the business office of the registered thereby confirmed that the change(s) to company or as otherwise provided in
	les Watkins			-	Authorized Person
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Grace E. Kirby Asst. Vice President

Signature of Registered Agent

Grace E. Kirby Asst. Vice President

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