

Office Use Only



ALLAHASSEE, FL

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DCT 2 0 2021 ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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			ACCOUNT NO.	:	I200000001	95	
			REFERENCE	:	1097740	4728950	
			AUTHORIZATION	:0	Guilde	Man	
			COST LIMIT	:	\$ 25.00		
ORDER	DATE	:	October 14, 2021				
ORDER	TIME	:	3:34 PM				

- ORDER NO. : 107740-089
- CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO WINTER HAVEN-DUNDEE RD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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:			
2. (a)	221 S. CRAWFORD STREET	(b)	P.O. BOX 1615	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(-).	Mailing address of li	nited liability company: POST OFFICE BOX)
	THOMASVILLE, GA 31792		THOMASVILLE, GA 31799	3
	06/15/2018	L	18000148487	
3. 5. (a	Date of filing/registration in Florida WILDER, BEDFORD	4.	Document numb	er
. (Registered Agent and Registered Office shown on the records of 215 S. MONROE STREET SUITE 400	f the Florida D	Dept. of State:	
	213 3. MONIKOE STREET SUITE 400			
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRESS)		
		32301		2021
(b)	Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE	L		2021 OCT
(b)	Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE	L	<u>ess</u> :	2021 001 19
(b)	Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE	L	<u>ess</u> :	
(b)	Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE, F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L	<u>ess</u> :	
(b)	Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE, F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	L	<u>ess</u> :	

change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Miles Watkins	Miles Watkins, Authorized Person		
Signature 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 provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided f to merely reflect a change in the registered office address, I her notified in writing of this change.	rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been		
Signature of Registered Agent	Grace E. Kirby, Asst. Vice President		
Division of Community D.O. D.			

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