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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 107740 4728950							
AUTHORIZATION : Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : October 14, 2021							
ORDER TIME : 2:48 PM							
ORDER NO. : 107740-050							
CUSTOMER NO: 4728950							
CHANGE OF AGENT							
NAME: PALMETTO LAKELAND-DEERFIELD DR, 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.

ì.	1. Name of the limited liability company: PALMETTO LAKELAND-DEERFIELD DR, LLC							
2.	(a)	221 S. CRAWFORD STREET		(b) P.O. BOX 1615				
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		THOMASVILLE, GA 31792			THOMAS	/ILLE, GA 31799		
				-	-			
			_	-				
		06/19/2018	_	L	18000150	1108		
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 Florida Dept. of State: 215 S. MONROE STREET SUITE 400						:		
		Registered Office Address (MUST BE FLORIDA STREET	IDDRF	CC1				
		Registered Office Address [MOST BETEORIDA STREET	/11/1/KI	3.77				
		TALLAHASSEE	32301			7021		
	/ L \					TOTARY OF STATE		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
					<u></u>	The state of the s		
	Corporation Service Company NEW Registered Office Address:					SELEN E O		
						75 A. 2		
	1201 Hays Street					LII W		
		· ·						
		Tallahassee FI	32301					
cha age was	If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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				
						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.								
Signature of Registered Agent Grace E. Kirby Asst. Vice President								