18000243448

(Requestor's Name)							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 107740 4728950							
AUTHORIZATION: Linebole man							
COST LIMIT : \$ 25.00							
ORDER DATE: October 14, 2021							
ORDER TIME : 2:44 PM							
ORDER NO. : 107740-033							
CUSTOMER NO: 4728950							
CHANGE OF AGENT							
NAME: PALMETTO HAINES CITY-HINSON AVE, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							
FYAMINED.							

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.	Name of the limited liability company: PALMETTO HAINES CITY-HINSON AVE, LLC							
2	(a)	221 S. CRAWFORD STREET		(b)	P.O. BOX	(1615		
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		THOMASVILLE, GA 31792			THOMAS	VILLE, GA 31799		
		10/16/2018	_		L18000243	3448		
3.5.	(a)	Date of filing/registration in Florida WILDER, BEDFORD	4.	_		Document number		
٠.	(4)	Registered Agent and Registered Office shown on the records of to 215 S. MONROE STREET 400	he Flori	da l	Dept. of State	:		
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRE.	<u>SS)</u>				
		TALLAHASSEE . FL	32301			The state of the s		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Of Corporation Service Company			ress:	TARY SEE, FL		
		NEW Registered Office Address:				FL 24		
		1201 Hays Street						
		Tallahassee FL	32301					
ch ag wa	ange ent v is/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	registe bility of f the li	rec on mit	l office and apany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/ Miles Watkins			Mi	Miles Watkins, Authorized Person				
Signature of a member or authorized representative of a member Printed or typed name of signee								
fi pro the to no	ierel ovisi obli mere tified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to ac perforn for in ereby c	t i nar Cl con	n this capa ice of my d iapter 605, ifirm 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		
Signature of Registered Agent Grace E. Kirby Asst. Vice President								