L18000253982

	(Requestor's Name)					
	(Address)					
	(Address)					
(City/State/Zip/Phone #)						
PICK-UF	P WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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OCT 1 9 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 25.00

4

ORDER DATE: October 14, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 107740-037

CUSTOMER NO:

4728950

CHANGE OF AGENT

NAME:

PALMETTO HOBE SOUND-SE FEDERAL

HWY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ 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.

1.	Na	me of the limited liability company: PALMETTO HOB	BE SOL	JN	JND-SE FEDERAL HWY, LLC	_
2. (a)	221 S. CRAWFORD STREET	(1	b)	P.O. BOX 1615	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	Mailing address of limited liability com (Note: MAY BE POST OFFICE BE	
		THOMASVILLE, GA 31792	-	-	THOMASVILLE, GA 31799	
		10/29/2018	_	·	L18000253982	
 3. 5. ((a)	Date of filing/registration in Florida WILDER, BEDFORD	4.		Document number	
J. 1	(4)	Registered Agent and Registered Office shown on the records of the 215 S. MONROE STREET SUITE 400	e Florida	a I	a Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 OCT	-
		TALLAHASSEE .FL	32301			
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office and Corporation Service Company NEW Registered Office Address: 1201 Hays Street		ldr	Idress:	ļ
		Tallahassee, FL	32301			
char ager was/	ige it w we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	egistere oility co the lim	ed m it	ed office and the business office of the regis ompany, it is hereby confirmed that the chan aited liability company or as otherwise provi	ered ge(s)
		s Watkins	Mile	es	es Watkins, Authorized Person	
I he prov the c to m notif	reb isio bli ere Ged	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	erforme for in C reby co	an Ch On,	ance of my duties, and I am familiar with an	d accent