118000271058

(Requestor's Name)						
(Address)						
(Add)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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DIVISION OF COMPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -4 AM 11: 22

RECEIVED

2022 HAY -4 AM 10: 45



cf 5/5/2022

CORPORATION SERVICE COMPANY

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

ACCOUNT NO	Э. :	120000000	195	
REFERENC	CE :	A- /	7247429	
AUTHORIZATIO): NC	Smellet	esan	
COST LIMI	IT :	\$ 25/00		
ORDER DATE : April 7, 2022				
ORDER TIME : 5:34 PM				
ORDER NO. : 601781-012				
CUSTOMER NO: 7247429				
		-		
CHANGE OF AGENT				
NAME - DAGES DOGS	<u> </u>	unnop.		
NAME: PACES ROOSE DEVELOPER,		MANOR		
PLEASE RETURN THE FOLLOWING	AS PRO	OOF OF FII	ING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
THIT STARTD COFT				
CONTACT PERSON: Eyliena Bak	cer	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	ame of the limited liability company: PACES ROOS	EVELT MANOR	DEVELOPER, LLC
2. (a)	2730 Cumberland Blvd	(h) 2730	Cumberland Blvd
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Smyrna GA 30080	Smy	rna GA 30080
	11/21/18	 L1800	00271058
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. o	of State:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 SOUTH PINE ISLAND ROAD		202 Sec.
	PLANTATION	L_33324	ZHAY
			1 7
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Tantel name of SNEW Registered Agent and/of NEW Registere	<u>o Omce adoress</u> .	
	Corporation Service Company		ALE 1.5
	NEW Registered Office Address:	•	
	1201 Hays Street		
	Tallahassee , Fl	l. ³²³⁰¹	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered offic iability company of the limited lia	te and the business office of the registered i. it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/ Rence Sandell	Renee Sa	ndell, Authorized Person
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	Livace C. Kubly re of Registered Agent	Grace E. Kirby	. Asst. Vice President