1900075332

(Requestor's Name)								
(Address)								
(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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Y SULKER OCT 19 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	I2000000195					
		REFERENCE	:	1 7/ \ \ / 1					
		AUTHORIZATION	:	Spellekenan					
		COST LIMIT	:						
ORDER :	DATE :	October 14, 2021							
ORDER '	TIME :	2:42 PM							
ORDER :	NO. :	107740-026							
CUSTOM	ER NO:	4728950							
				· • • • • • • • • • • • • • • • • • • •	· -				
CHANGE OF AGENT									
	NAME:	PALMETTO FLOW BLVD, LLC	OOD)-LAKELAND					
PLEASE	RETURN	THE FOLLOWING AS	PR	ROOF OF FILING:					
		FIED COPY STAMPED COPY							

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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. N	ame of the limited liability company: PALMETTO FLO	JOOW	D-L	AKELAND	D BLVD, LLC		
2. (a)	221 S. CRAWFORD STREET	P.O. BOX	3OX 1615				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(b)		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	THOMASVILLE, GA 31792			THOMAS	VILLE. GA 31799		
		_	•				
		_	-				
	03/18/2019		_{	.19000075	5332		
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 215 S. MONROE STREET SUITE 400	ne Floric	la E	Dept. of State	· :		
	Registered Office Address (MUST BE FLORIDA STREET A.						
					MAIGHT IS MI 9: 25		
	TALLAUACCET						
	TALLAHASSEE	32301			75 S 174		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice w	date	nee.	S		
	dia di series di	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9.91	<u> </u>	75 2		
	Corporation Service Company				下面		
	NEW Registered Office Address:	NEW Registered Office Address:					
	1201 Hays Street						
	Tallahassee	32301					
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	egister oility co the lin imited	ed om nite lia	office and pany, it is ed liability bility com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
75/ Miles Watchis					Authorized Person		
I here provisi the obli to mere porified	ture 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 p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he in writing of this charge. The of Registered Agent	erform for in (ereby c	an Chi onj	ce of my d apter 605, firm that th	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been y. Asst. Vice President		
Signatu	$MXe_0 \cup NOOIO$	()ra	ce E. Kirb	y, Asst. Vice President		