## 49000/46580

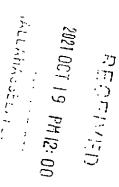
(Red	questor's Name)	
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☐ PICK-NÞ	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT NO. : 12000000195						
REFERENCE : 107740 4728950						
AUTHORIZATION : Jack Kenson						
COST LIMIT : \$ 25.00						
ORDER DATE : October 14, 2021						
ORDER TIME : 3:18 PM						
ORDER NO. : 107740-057						
CUSTOMER NO: 4728950						
CHANGE OF AGENT						
NAME: PALMETTO LEHIGH ACRES-RAY AVE., 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.

2. (a)	221 S CRAWFORD STREET	(t	P.O. BO	X 1615		
(1.)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	THOMASVILLE, GA 31792		THOMAS	VILLE, GA 31799		
	06/03/2019		L1900014	16580		
3.	Date of filing/registration in Florida	4.		Document number	- <u>-</u>	
5. (a)	WILDER, BEDFORD					
J. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florida	Dept. of Stat	<del>_</del> te:		
	215 S. MONROE STREET SUITE 400			(C	2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 0.4	021	
					[]	(E-7,E)
	TALLAHASSEE	32301			021 OCT 19	-:=. -:=:
		_, FL		-		∓ <del>5-</del> 4 L
(b)					<u>क्स</u> २:	3
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office ad	dress:	- - <u></u>	): 37	
	Corporation Service Company					
	NEW Registered Office Address:			_		
	1201 Hays Street	·-··-		_		
	Tallahassee	FL 32301				
change agent v was/w the arti /s/ Mil Signa I here	imited liability company is not organized under the or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the west watkins ture of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and compigations of my position as registered agent as properly reflect a change in the registered office address	f the registere ed liability co ers of the limited l  Mile	d office an mpany, it is ited liability con s Watkins,	od the business office of shereby confirmed that y company or as other inpany.  Authorized Person  Printed or typed name of active. I further agree to	f the re at the cl wise pr signee	gistered nange(s) ovided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Grace E. Kirby Asst. Vice President