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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 107740 4728950						
AUTHORIZATION: Spelle was						
COST LIMIT : \$ 28.00						
ORDER DATE: October 14, 2021						
ORDER TIME : 3:24 PM						
ORDER NO. : 107740-076						
CUSTOMER NO: 4728950						
<u>CHANGE OF AGENT</u>						
NAME: PALMETTO PROGRESS VILLAGE-49TH ST, LLC						
or, sac						
DI TAGO DOMINA TUE CONTOUTNO AC DECOR OF PTITNO						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CC CC 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. N	ame of the limited liability company: PALMETTO PR	OGRES	S VILL	_AGE-49TH ST,	LLC
2. (a)	221 S. CRAWFORD STREET	(b)). BOX 1615	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		۰ <i>,</i>	_	ress of limited liability company: AY BE POST OFFICE BOX)
	THOMASVILLE, GA 31792		THO	DMASVILLE, GA	31799
	06/25/2019		L1900	00166 67 2	
3.	Date of filing/registration in Florida	4.		Documen	t number
5. (a)	WILDER, BEDFORD				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept.	of State:	
	215 S. MONROE STREET SUITE 400				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>		
	TALLAHASSEE . FL	32301			
	ri	-			
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:		7
	Corporation Service Company				2021 (CT 19 AM IO: 48
	NEW Registered Office Address:				N S
	1201 Hays Street				SEE S
	Tallahassee FL	32301			O: 48 STATE
change agent v was/we	imited 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 lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	ed offic impany nited li	ce and the busin y, it is hereby co ability company	ness office of the registered onfirmed that the change(s)
/s/ Mil	es Watkins	Mile	es Wat	kins, Authorized	l Person
Signa	ture of a member or authorized representative of a member			Printed or t	yped name of signee
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ee to act perform d for in C hereby co	in this ance o Thapte onfirm	s capacity. I fur f my duties, and r 605, F.S. Or, that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
Signatu	Mar of Registered Agent	,	Grace	E. Kirby, Asst.	Vice President