

L19000180454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

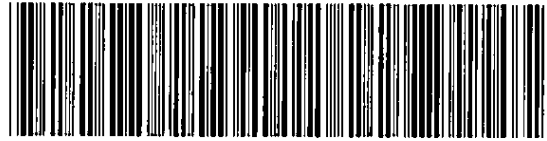
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000374169300

2021 OCT 19 AM 10:37

30

RECEIVED

2021 OCT 19 AM 11:55


ALLAHASSEE, FL

RA/Rc/ch8

OCT 20 2021

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 107740 4728950
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : October 14, 2021
ORDER TIME : 3:26 PM
ORDER NO. : 107740-081
CUSTOMER NO: 4728950

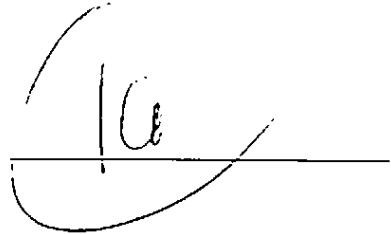
CHANGE OF AGENT

NAME: PALMETTO SEBRING-HOME 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.

1. Name of the limited liability company: PALMETTO SEBRING-HOME AVE, LLC

2. (a) 221 S. CRAWFORD STREET (b) P.O. BOX 1615

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

THOMASVILLE, GA 31792

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

THOMASVILLE, GA 31799

07/12/2019

L19000180454

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 Florida Dept. of State:

215 S. MONROE STREET SUITE 400

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Miles Watkins

Signature of a member or authorized representative of a member

Miles Watkins Authorized Person

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00