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PICK-UP WAIT MAIL								
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OCT 19 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

27

ACCOUNT NO. : I2000000195

REFERENCE :

107740

4728950

AUTHORIZATION

COST LIMIT

ORDER DATE : October 14, 2021

ORDER TIME : 2:47 PM

ORDER NO. : 107740-046

CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME:

PALMETTO LAKE PLACID-PLACID

LAKES BLVD, 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.	Na	ame of the limited liability company: PALMETTO LAR	KE PLA	.CI	D-PLACID	LAKES BLVD, LLC		
2.	(a)	221 S. CRAWFORD STREET	ſ	b)	P.O. BOX	1615		
	(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,		Mailing address of limited liabi (Note: MAY BE POST OFF	•	y:
		THOMASVILLE, GA 31792	_		THOMAS	VILLE, GA 31799		
		07/26/2019	_		L19000191	1834		
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				- ::	21	
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	S)		•	2021 GCT	
	(b)	TALLAHASSEE , FL	32301				8	•
		Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company					Aif 10: 57	نزيد
		NEW Registered Office Address:				•		
		1201 Hays Street						
		Tallahassee, FL	32301					
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	ed on nit	l office and apany, it is ed liability	I the business office of the hereby confirmed that the company or as otherwise	e registere e change(ed s)
		les Watkins	Mil	es	Watkins, A	Authorized Person		
	Signat	ture of a member or authorized representative of a member				Printed or typed name of signe	ee	
pre the to	ovisi e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In I'm writing of this change.	ee to ac perforn l for in ereby c	t i iar Cl on	n this capa nce of my d napter 605, firm that ti	city. I further agree to co luties, and I am familiar w F.S. Or, if this documen he limited liability compa	omply with eith and a t is being ny has be	h the ccept filed en
Sig	matu	re of Registered Agent	Gi	rac	e E. Kirby	, Asst. Vice President		

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