

L19000288536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

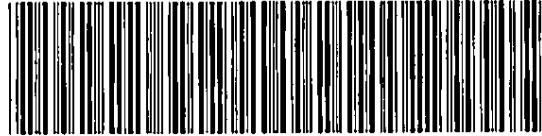
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200374169042

FILED
2021 OCT 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 OCT 19 AM 11:58
TALLAHASSEE, FL

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 : 3:20 PM

ORDER NO. : 107740-066

CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO NEW PORT
RICHEY-DECUBELLIS RD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
X ____ 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 NEW PORT RICHEY-DECUBELLIS RD, LLC
2. (a) 221 S. CRAWFORD STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
THOMASVILLE, GA 31792
- (b) P.O. BOX 1615
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
THOMASVILLE, GA 31799
3. 11/20/2019 Date of filing/registration in Florida
4. L19000288536 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

FILED
2021 OCT 19 AM 8:39
TALLAHASSEE
SECRETARY OF STATE

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

Miles Watkins, Authorized Person

Signature of a member or authorized representative of a member

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