# L20000007659

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
(50	,				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

	PICK UP:	BROOK 5/28		
	CERTIFIED COPY			
XX	РНОТОСОРУ			
	GS			
XX	FILING	CHANGE OF RA		
	PLANTATION MANAGER HOME, LLC (CORPORATE NAME AND DOCUMENT #)			
(	CORPORATE NAME AND DOCUMEN	(下 前)		
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(	CORPORATE NAME AND DOCUMEN	Ϋ́Γ#)		
	INSTRUCTIONS:			

#### COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Plantation Manager Home. LLC						
0013	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concernin	g this matter to th	ne following:				
Katie I	Bush						
	Name of Person		· <del></del>				
CCS L	egal						
	Firm/Company						
908 Po	mpton Ave Unit A2						
	Address						
Cedar	Grove NJ 07009						
	City/State and Zip Coo	de					
katie.b	ush@ccslegal.com						
I	E-mail address: (to be used for future	annual report no	tification)				
For fu	rther information concerning this ma	tter, please call:					
Katie I	Bush	804 at (	304-3653				
<del></del> ,	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ving amount:					
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				

### 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. No	ame of the limited liability company: Plantation Manag	er Home	:, LLC	
2. (a)		,	(b)	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	301 EAST MARKET STREET SUITE 301		301 EAS	ST MARKET STREET SUITE 301
	LOUISVILLE, KY 40202	_	LOUISV	/ILLE, KY 40202
	01/13/2020		L2000000	7659
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	LAMB, MARION D, III			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florie	da Dept. of S	tate:
	LAMB, MARION D. III			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SS)	 
	217 PINEWOOD DRIVE			24
	TALLAHASSEE , FL	32303		7024 HAY 28
(b)	CCS Global Solutions, Inc.			FILED  1 1 1 1
•	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	12:1
	CCS Global Solutions, Inc.			10A
	NEW Registered Office Address:	-		
	155 Office Plaza Drive, 1st Floor			
	TALLAHASSEE , FI	32301		
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability c of the lii limited	red office a ompany, it nited liabi liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	Foni Capito	To	ni Capito	Printed or typod pages of sign or
_	nure of a member or authorized representative of a member	ina to co	ne in elia es	Printed or typed 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 ligations of my position as registered agent as providedly reflect a change in the registered office address, I is din writing of this change.	ee to ac perforn d for in hereby c	ri in inis ca iance of m Chapter 6i confirm tha	pactiv. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
/s/ Jo	panne Caswell			

Signature of Registered Agent