## L20000028528

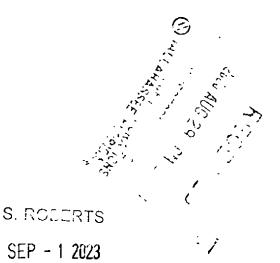
-	Requestor's Name)				
(	Address)				
(	Address)				
(	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to F	Filing Officer:				

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

CERTIFIED COPY
XX PLAIN STAMPED COPY

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195						
	REFERENCE : 920729 8408630						
	AUTHORIZATION :						
	COST LIMIT : \$ 25.00						
	<del></del>						
ORDER DATE :	August 4, 2023						
ORDER TIME :	2:07 PM						
ORDER NO. :	920729-059						
CUSTOMER NO:	8408630						
<u>CHANGE OF AGENT</u>							
NAME: LAKE MARY LAND HOLDINGS, LLC							
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:						

CONTACT	PERSON:	Eyliena	Baker	 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	me of the limited liability company: LAKE MARY L	AND HO	LDIN	NGS, 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)	
		8633 S BAY DR		86	633 S BAY DR	
		ORLANDO, FL 32819		OF	DRLANDO, FL 32819	
		01/30/2020		L20	20000028528	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	` /	Registered Agent and Registered Office shown on the records of GRAYROBINSON, P.A.	Tthe Florid	a Dept	pt. of State:	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		
		301 E. PINE ST STE 1400			2023	
		ORLANDO	32801			
		FI	ـــــــــــــــــــــــــــــــــــــ		<del></del>	
	(b)				- :	
		Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ldress	<u>ක</u> :	
		Corporation Service Company	යා ආ			
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee	32301			
		Fl., Fl.			<del></del>	
cha age wa the	inge ent w s/we artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	register ability co of the lin	ed off ompai nited	office and the business office of the registered rany, it is hereby confirmed that the change(s) of liability company or as otherwise provided in	
		tthew Wideman	Ma	tthew	w Wideman, Authorized Person	
		are of a member or authorized representative of a member			Printed or typed name of signee	
pro the to t	visio obli nere	y accept the appointment as registered agent and aging of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act perform d for in ( hereby c	in th ance Thapt onfire	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filler that the limited liability company has been	he ept ed
		e of Registered Agent  E. Kirby, Asst. Vice President	D	<b>,</b>	Tallal and El 2224	

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