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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

1 . . .

ACCOUNT NO. : I2000000195								
REFERENCE : 107740 4728950								
AUTHORIZATION: Spelle man								
COST LIMIT : \$ 25.00								
ORDER DATE : October 14, 2021								
ORDER TIME : 3:27 PM								
ORDER NO. : 107740-086								
CUSTOMER NO: 4728950								
CHANGE OF AGENT								
NAME: PALMETTO TUPELO-N GLOSTER ST, 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	nme of the limited liability company: PALMETTO TUF	PELO-N	I G	SLOSTER	ST, LLC
2	(a)	221 S. CRAWFORD STREET	(1	b)	P.O. BOX	1615
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ``	υ,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		THOMASVILLE, GA 31792	_		THOMAS	VILLE, GA 31799
		02/07/2020	_		_20000045	5227
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 215 S. MONROE STREET SUITE 400	he Florid	a l	Dept. of State	· :
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>s)</u>		
		TALLAHASSEE	32301	_		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company		ress:	ADDITION 19 MINO: 50	
		NEW Registered Office Address:		_	<del></del>	Sec E
		1201 Hays Street				EE'ST G
		Tallahassee , FL	32301			FATE
cha age wa	inge ent w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere pility co the lin	ed om nit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		iles Watkins	Mile	35	Watkins, A	Authorized Person
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signee
pro the to i	visio obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	e to act erform for in C ereby co	ir an Th On	this capa ce of my d apter 605, firm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
<u>ل</u> Sig	natur	re of Registered Agent			Grace E.	Kirby Asst. Vice President