L200000 45425

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 107740 4728950								
AUTHORIZATION :								
COST LIMIT : \$ 25.00								
ORDER DATE : October 14, 2021								
ORDER TIME : 2:39 PM								
ORDER NO. : 107740-020								
CUSTOMER NO: 4728950								
CHANGE OF AGENT								
NAME: PALMETTO DOVER-WHEELER RD, 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.

I. N	ame of the limited liability company: P	ALMETTO DOV	ÆR-WI	HE	ELER RD	LLC
2. (a)	221 S. CRAWFORD STREET		(ł	1) F	P.O. BOX	1615
2. ()	Principal office address of limited liabil (Note: MUST BE STREET ADL		_	′/ –	,	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	THOMASVILLE, GA 31792		- .	T	HOMAS'	VILLE, GA 31799
	02/07/2020		_	L2	20000045	6425
3.	Date of filing/registration in Fl	lorida	4.			Document number
5. (a)	WILDER, BEDFORD				_	
	Registered Agent and Registered Office shown 215 S. MONROE STREET SUITE 400		e Florida	ı De	pt. of State	
	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				<u></u>	TALLING SEE FILE
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee	FL_	32301			
change agent was/w	limited liability company is not organized or changes are made, the Florida street will be identical. Or, in the case of a Floere authorized by an affirmative vote of icles of organization or the operating agr	address of the re rida limited liab the members of	egistere oility co the lim	ed c mp lite	office and any, it is I liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ Miles Watkins			Miles Watkins, Authorized Person		
I here provis the ob- to mer notifie	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age levelect a change in the registered officin writing of this change	agent and agree and complete pe ent as provided j ce address, I he	erforma for in C reby ca	inc Tha mfi	e of my d pter 605, rm that ti	Printed or typed name of signee city. I further agree to comply with the futies, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been st. Vice President

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