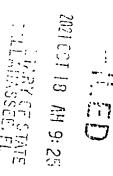
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

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Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	12000000	0195	
		REFER	ENCE	:	107740	4728950	
		AUTHORIZA	TION	:	Lovello	Para .	
		COST L	IMIT	:	\$,/25.00	exam	
ORDER [DATE :	October 14,	2021	- 			
ORDER I	CIME :	2:40 PM					
ORDER N	10. :	107740-022					
CUSTOME	R NO:	4728950					
-	-	<u>CHANGE</u>	- OF AG	 ENT	. – – – – – –		
		 			-		
	NAME:	PALMETTO LLC	ESTER	0-0	CORKSCREW	RD,	
PLEASE	RETURN	THE FOLLOWIN	NG AS	PRC	OF OF FI	LING:	
	CERTIE	FIED COPY					

CONTACT	PERSON:	Alexxis	Weiland		EXT#	
				EΣ	XAMINER:	

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: PALMETTO EST	ERO-	00	DRKSCREW RD, L	LC
2.	(a)	221 S. CRAWFORD STREET	((b)	P.O. BOX 1615	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,,	Mailing ad	dress of limited liability company: MAY BE POST OFFICE BOX)
		THOMASVILLE, GA 31792	_		THOMASVILLE, C	GA 31799
		02/07/2020	_	-	L20000045524	
3.		Date of filing/registration in Florida	4.		Docume	ent number
5.	(a)					
		Registered Agent and Registered Office shown on the records of the WILDER, BEDFORD	ne Florie	la I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>		
		215 S. MONROE STREET SUITE 400				277
		TALLAHASSEE .FL	32301	_		TELL TARY
						C7 *
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	dd	ress:	SER E
		Corporation Service Company	<u> </u>		_	9: 25 STME
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL_	32301			
ch ag wa	ange ent v is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re 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	egister oility c the lir	red om nit	d office and the bus npany, it is hereby ted liability compar	siness office of the registered confirmed that the change(s)
		s Watkins	Mil	es	Watkins, Authorize	
l i pro the to	herel ovisi obl mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.	e to ac erform for in ereby c	t in ian Ch 'on	n this canacity I f	r typed name of signee further agree to comply with the ad I am familiar with and accept r, if this document is being filed ed liability company has been
Si		ace CKuble e of Registered Agent	Gi	ac	ee E. Kirby, Asst. V	/ice President