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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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CORPORATION SERVICE COMPANY

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

			ACCOUNT	NO.	:	120000	00019	<del>)</del> 5		
			REFERE	ENCE	:	107740		4728950		
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## 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.

۱.	Na	me of the limited liability company: PALMETTO NOR	RTHP	OR.	T-TOLEDO	BLADE RD, LLC
2.	(a)	221 S. CRAWFORD STREET		(b)	P.O. BOX	1615
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		THOMASVILLE, GA 31792	_		THOMAS	VILLE, GA 31799
		02/07/2020	_	1	_20000045	530
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	ne Flori	ida 1	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	2021 OCT SECRET			
		TALLAHASSEE FL_	32301			
	(b)					9 1
י	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office :	addr	ess:	80
		Corporation Service Company				42
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee FL_	32301			
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste oility o the li	red com mite	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
		es Watkins		iles	•	authorized Person
I he protection	ereh visio obli nere ifiea	ure of a member or authorized representative of a member by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	erforn for in creby	nan Ch conj	this capac ce of my di apter 605, firm that th	Printed or typed name of signee 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 are limited liability company has been asst. Vice President