L20000061579

(R	'equestor's Name)	<u>.</u>				
(Address)						
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
J DENNIS						
JUL 2 € 2023						

Office Use Only



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JERNETARY OF STATE

Change of Registered Agent

COVER LETTER

TO: Registration Section Division of Corporations			
Woodpond Manor South LLC SUBJECT:			
	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Kathleen Kamine			
Name of Person			
Firm/Company			
12035 Polo Club Road			
Address			
Wellington, FL 33414			
City/State and Zip Code			
cristina.collado@dogoodfoods.com			
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter, p	please cail:		
Cristina Collado	908 532-4761 at ()		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following a	amount:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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	ame of the limited liability company: Woodpond Mano	r South LI	.C	 .	
2. (a))		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12035 Polo Club Road		12035 Polo	o Club Road	
	Wellington, FL 33414		Wellington, FL 33414		
	March 6, 2023		L200000615	579	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)					
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:	
	Corporation Service Company				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	-	
	1201 Hays Street				20
	Tallahassee	32301		-	STORETARY STORETARY OF C
	Tallahassee, FL			-	AY.
(1.)					ARN C 22
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ado	lress:	-	AH
					9. S.
	Kathleen Kamine			_	STATE ORATIO
	NEW Registered Office Address:				- 45
	12035 Polo Club Road			_	
	Wellington , FL	33414			
change agent was/w the art Signa	ture of a member or authorized representative of a member	registere ability co of the lim limited li	d office and mpany, it is ited liability ability con- leen Kamino	d the business office is hereby confirmed to y company or as other ipany. e Printed or typed name of a city. I further agree	of the registered hat the change(s) erwise provided in of signee
provis the ob- to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, L d in writing of this change.	**************************************	men m m	(11/1/10/5 / / / / / / / / / / / / / / / / / /	111111 WHIII 111111 LICE CIN
	re of Registered Agent				