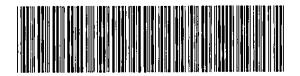


(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer								

Office Use Only



CORPORATION SERVICE COMPANY

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

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ACCOUNT NO. : 12000000195									
REFERENCE : 107740 4728950									
AUTHORIZATION : Lovelbelle Man									
COST LIMIT : \$ 25.00									
ORDER DATE : October 14, 2021									
ORDER TIME : 3:16 PM									
ORDER NO. : 107740-053									
CUSTOMER NO: 4728950									
CHANGE OF AGENT									
NAME: PALMETTO LAKELAND-LAKE PARKER AVE, 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.	Name of the limited liability company: PALMETTO LAKELAND-LAKE PARKER AVE, LLC								
2.	(a)	221 S. CRAWFORD STREET	(b) F	P.O. BOX 1615				
	\ <u>/</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	~/_	Mailing address (Note: MA)	s of limited lia Y BE POST O	•	, ,	
		THOMASVILLE, GA 31792	_	<u>T</u>	HOMASVILLE, GA 3	31799			
		03/02/2020	_	L2	20000068238				
3. -		Date of filing/registration in Florida WILDER, BEDFORD	4.		Document r	number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 215 S. MONROE STREET SUITE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		TALLAHASSEE	32301			2021 OCT SEGRETY TALLA			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office at	idre	<u>₩</u> :		19 AH	10TS	
		NEW Registered Office Address:					ස ස		
		1201 Hays Street				117	(U)		
		Tallahassee, FL_	32301						
cha age wa:	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall will 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	egister oility co the lin	ed o omp nited	office and the busines any, it is hereby com I liability company o	ss office of firmed that	the regi the cha	stered nge(s)	
13: 111103 11 111111				Miles Watkins, Authorized Person					
I h pro the to r not	ereh visio obli nere iften	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change. The of Registered Agent	erform for in (rreby c	ance Chaj onfii	Printed or typ this capacity. I furth e of my duties, and I pter 605, F.S. Or, if rm that the limited li Kirby, Asst, Vice Pi	er agree to am familian this docume ability comp	zomali	with the nd accept eing filed as been	