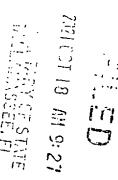
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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2021 OCT 18 PM 3: 50

RECENTED

Y SULKER OCT 13 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 107740 4728950						
AUTHORIZATION: Spelle Ren						
COST LIMIT : \$ 25.00						
ORDER DATE : October 14, 2021						
ORDER TIME : 2:36 PM						
ORDER NO. : 107740-012						
CUSTOMER NO: 4728950						
CHANGE OF AGENT						
NAME: PALMETTO BROOKSVILLE-RALEY 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.

1. N	ame of the limited liability company: PALMETTO B	BROOKS	/ILLE-RALE	EY RD, LLC	
2. (a)	221 S. CRAWFORD STREET	((b) P.O. BOX 1615		
(,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	THOMASVILLE, GA 31792		THOMA	SVILLE, GA 31799	
	05/05/2020		L200001	21947	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	WILDER, BEDFORD				
J. (u)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept. of Sta	ite:	
	215 S. MONROE STREET SUITE 400			702	
	Registered Office Address (MUST BE FLORIDA STREE	AND COT 18 AH 9: 27			
	TALLAHASSEE I	FL_32301		- Reserve	
				mor 9	
(b)	Enter name of NEW Registered Agent and/or NEW Register	od Office a	ddress:	- FAT 27	
	man in the control of	ta conce a	<u>uures</u> .	111	
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street	 _		_	
	Tallahassee H	_{FL} 32301		_	
change agent was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability c s of the lir	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	es Watkins	Mil	es Watkins	, Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	gree to ac le perform led for in I hereby c	t in this cap tance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent	Grace	E. Kirby, A	sst. Vice President	
	Division of Communations D.O.	D (13	7 - 7 - 11 - 1	EI 33314	