## 271

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





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2021 OCT 19 MH 6: 54

2021 OCT 19 AHTH: 57

ALLÄHKOSEELTEK



## CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 107740 4728950										
AUTHORIZATION: Spelle Box										
COST LIMIT : \$ 25.00										
ORDER DATE : October 14, 2021										
ORDER TIME : 3:22 PM										
ORDER NO. : 107740-071										
CUSTOMER NO: 4728950										
CHANGE OF AGENT										
NAME: PALMETTO PLANT CITY-COUNTY LINE 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.	Na	nme of the limited liability company: PALMETTO PLA	NT CI	TY —	-COUNTY (	_INE RD, LL	_C		
2	(a)	221 S. CRAWFORD STREET	(	<b>b</b> )	PO BOX 1	615			
	(**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	···· \	,,,	М	ailing address (Note: MAY		-	
		THOMASVILLE, GA 31792	_		THOMASV	ILLE, GA 3	1799		
		08/13/2020	_	L	200002483	350			
3.		Date of filing/registration in Florida	4.		[]	Document no	umber		
5.	(a)	WILDER, BEDFORD							
·	, ,	Registered Agent and Registered Office shown on the records of the 215 S. MONROE STREET SUITE 400	he Floric	la [	Dept. of State:		දා	21	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					ECREL	2021 OCT	2000-193 2
		TALLAHASSEE . FL	32301					19	, maxx
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office Address:			ress:		7. 7 7 7 7	9:54	1 2 2
		1201 Hays Street							
		Tallahassee , FL	32301						
cha ago wa	inge ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill 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 co the lir	ed on nit	office and pany, it is I ed liability	the business hereby confi company or	s office of irmed that	the reg	gistered ange(s)
		es Watkins	Mil	es	Watkins, A	uthorized Po	erson		
S	ignat	ture of a member or authorized representative of a member			ļ	Printed or type	d name of si	gnee	
pro the to i	visi obli nere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	e to ac erform for in ( ereby c	t ii an Ch ron	n this capac ice of my du apter 605, i firm that th	rity. I furthe uties, and I a F.S. Or, if t e limited lia	er agree to um familia his docum ability com	comp r with ent is pany l	ly with the and accept being filed as been
Sig	natui	re of Registered Agent		(	irace E. Kir	by. Asst. V	ice Presid	ent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00