L2000313488

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





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2022 HAY -4 AMII: OC

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 601781 7247429								
AUTHORIZATION: Spelle Real								
COST LIMIT : \$ 25.00								
ORDER DATE : April 7, 2022								
ORDER TIME : 5:39 PM								
ORDER NO. : 601781-026								
CUSTOMER NO: 7247429								
CHANGE OF AGENT								
NAME: SEA SALT PINES DEVELOPER, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker EXT#								
EXAMINER:								
EARMINER:								

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.

Name of the lin	nited liability company: SEA SAL	_T PINES DE	VEL	OPER, LI	_C			_
				mberland Blv	′d			
Princip	al office address of limited liability comp Note: MUST BE STREET ADDRESS)	any:	(' /		Mailing address (<u>Note: MAY</u>		-	
Smyrna GA	X 30080		,	Smyrna C	SA 30080			
10/05/20				L2000031	13488			
Dat	e of filing/registration in Florida	4.	****		Document n	umber		
(a)								
Registered Age	ent and Registered Office shown on the re	cords of the Flo	rida I	Dept. of State	– e:			
C T CORP	ORATION SYSTEM					60	~>	
Registered Of	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	걸음	220	
1200 SOU	TH PINE ISLAND ROAD						HA.	1
PLANTATI	ON	FL 3332	4		_	: 	2022 MAY -4	72.)
		_ 			_	υ. Γ.:	7	FTI
	NEW Registered Agent and/or NEW Ro		addı	ress:	_	E PA	AM 11: 00	
Corporation	n Service Company					177	0	
NEW Registe	red Office Address:				-			
1201 Hays	Street				_			
Tallahasse	е	FI 3230	1					
ange or changes a ent will be idention s/were authorized	y company is not organized under the made, the Florida street address al. Or, in the case of a Florida lin I by an affirmative vote of the mea ization or the operating agreement	s of the regist nited liability mbers of the l	ered com imit	office and office and office and office and office of the	d the busines s hereby conf y company o	s office of firmed that	the reg	istered ange(s)
/s/ Renee Sande			Renee Sandell, Authorized Person					
_	r or authorized representative of a membe				Printed or typ		_	
hereby accept the ovisions of all sta obligations of m merely reflect a c tified in writing o	appointment as registered agent of tutes relative to the proper and co wy position as registered agent as p hange in the registered office addi f this change.	md agree to c mplele perfor provided for it ress, I hereby	ict it man 1 Ch con	n this cape ace of my c apter 605 firm that i	acity. I furth duties, and I . F.S. Or, if the limited li	er agree to am familia this docum ability com	compler with the control of the cont	y with the and accep being filed as been
gnature of Registered		Grac	e E.	Kirby, A	sst. Vice Pre	sident		