

	(Requestor's Name)		
	(Address)			
	(Address)			
	(Audicaa)			
	(City/State/Zip/Pho	ne #)	·	
		·		
	—		—	
	WAJT		MAIL	
	(Business Entity Na	ime)		
				_
	(Document Number)		
Certified Copies	_ Certifica	tes of Stat	tis.	
Special Instructions to	Filing Officer:			
•				

200420633452



Office Use Only

•	,		
		•	•

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

			ACCOUNT NO. :	I2000000195
			REFERENCE :	1860.517 8434563
			AUTHORIZATION :	A.
			COST LIMIT :	\$ 25.00
ORDER	DATE	:	December 11, 2023	
ORDER	TIME	:	12:15 PM	
ORDER	NO.	:	186051-007	

CUSTOMER NO: 8434563

CHANGE OF AGENT

NAME: ERVIN BROTHERS PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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.

i)	450 PRYOR BLVD		450 PRYOR BLVD b)
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STURGIS, KY 42459		STURGIS. KY 42459
		_	
	10/08/2020		L20000319250
	Date of filing/registration in Florida	4.	Document number
i) —	Registered Agent and Registered Office shown on the records of t	ie Florid	a Dept. of State:
	CT CORPORATION SYSTEM	DDDCC	<u></u>
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 1200 SOUTH PINE ISLAND ROAD	DDRES.	22
	PLANTATION FL_	33324	
)	Enter name of NEW Registered Agent and/or NEW Registered)III.co. ar	Idress
	Corporation Service Company	()////((ac	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee . FL	32301	
ige it v 'w¢	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	egister pility co the lin	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Jill Cilmi	Jill	Cilmi, Authorized Person
:/ J	ture of a member or authorized representative of a member		Printed or typed name of signee

_ .

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Grace E. Kirby, Asst. Vice President

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

- - - -

•