## 120000324777

(Requestor's Name)							
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Y SULKER OCT 19 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACC	OUNT NO.	: I2000000	195					
R	EFERENCE	: 107740	4728950					
AUTHO	RIZATION							
CO	ST LIMIT	: \$ 25.00	ena					
ORDER DATE : October	14, 2021							
ORDER TIME : 2:44 P	М							
ORDER NO. : 107740-	032							
CUSTOMER NO: 4728	950							
			<b></b>					
CHANGE OF AGENT								
NAME: PALMETTO GROVELAND-HWY 50, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Alex	xis Weiland	d 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	me of the limited liability company: PALMETTO GRO	OVELA	N	D-HWY 50,	LLC		
2.	(a)	221 S. CRAWFORD STREET	(1	(b) P.O. BOX 1615				
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		υ,	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		THOMASVILLE, GA 31792	-		THOMASV	ILLE, GA 31799		
		10/13/2020		l	L20000324	777		
<ol> <li>3.</li> <li>5.</li> </ol>	(a)	Date of filing/registration in Florida WILDER, BEDFORD	4,		Ĺ	Occument number		
٥.	(4)	Registered Agent and Registered Office shown on the records of the 215 S. MONROE STREET SUITE 400			Dept, of State:			
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRES.	<u>S)</u>				
		TALLAHASSEE FL	32301					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company			ress:	L.ED 18 AM 9: 24 MARYSSEE, FL		
		NEW Registered Office Address:				THE F		
		1201 Hays Street						
		Tallahassee	32301					
ch ag wa	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will 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 lin	ed om nit	l office and ipany, it is l ed liability	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in		
787 WHIES WAIKINS						uthorized Person		
:	Signa	ure of a member or authorized representative of a member			1	Printed or typed name of signee		
pr the to	ovisi 2 obl mere	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 act erform for in C ereby co	t ii an Ch on	n this capac ice of my di apter 605, , ifirm that th	itv. I further agree to comply with the aties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been		
Si	gnatu	re of Registered Agent	C	ira	ice E. Kirby	, Asst. Vice President		