1000039507

(Requestor's Name)						
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(Address)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 107-740 4728950						
AUTHORIZATION : Spelle Man						
COST LIMIT : \$ 25.00						
ORDER DATE: October 14, 2021						
ORDER TIME : 3:27 PM						
ORDER NO. : 107740-085						
CUSTOMER NO: 4728950						
CHANGE OF AGENT						
NAME: PALMETTO TULLAHOMA-S JACKSON ST, 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 TU	LLAHON	MA-S JACKS	SON ST, LLC
2. (a)	221 S CRAWFORD ST	(1	ро вох	16 15
()	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	_	THOMAS	VILLE, GA 31799
	12/17/2020		L20000395	079
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	WILDER, BEDFORD			
()	Registered Agent and Registered Office shown on the records of 215 S MONROE ST SUITE 400	the Florida	a Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS	<u>n</u>	-
	TALLAHASSEE, FI.	32301	<u>, </u>	-
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ad	dress:	7.72
	NEW Registered Office Address:		<u> </u>	
	1201 Hays Street			地方 5
	Tallahassee FL	32301		ARY OF STA
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere bility co f the lim	ed office and impany, it is lited liability	rida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	es Watkins	Mile	s Watkins,	Authorized Person
_	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl to mere notified	hy accept the appointment as registered agent and agreous of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	ee to act performa I for in C sereby co	in this capa ance of my a hapter 605, onfirm that t	city, I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	re of Registered Agent	Grace	e E. Kirby. /	Asst. Vice President