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PECENTED 2021 OCT 19 AMIL: 58 ALLAHASSEELTE

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

ACCOUNT NO.	:	12000000195		
REFERENCE	:	107740 4728950		
AUTHORIZATION	:	Spretsdenan		
COST LIMIT	:	\$ 25.00		
ORDER DATE · October 14 2021				

- ORDER DATE : October 14, 2021
- ORDER TIME : 3:22 PM
- ORDER NO. : 107740-070
- CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO PLANT CITY-COLSON RD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN 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	me of the limited liability company:	ANT CITY	-COLSON	RD, LLC			
2. (a)	221 S. CRAWFORD STREET	(b)	PO BOX	1615			_
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (0,		Aailing address of limite (Note: MAY BE POS	-	-	-
	THOMASVILLE, GA 31792		THOMAS	VILLE, GA 31799			
	02/01/2021	_					
3.	Date of filing/registration in Florida	- 4		Document number			
5. (a)	WILDER, BEDFORD						
2. (u)	Registered Agent and Registered Office shown on the records of t 215 S. MONROE STREET SUITE 400 Registered Office Address (MUST BE FLORIDA STREET -					~	
	TALLAHASSEE FL	32301			TALLAR	2021 0CT 19	نت ، 19 19
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>ress</u> :			AH 8: (۲۱ ۱۹۳۳- ۱۹۳۶-
	Corporation Service Company					61	
	<u>NEW</u> Registered Office Address: 1201 Hays Street						
	Tallahassee FL	32301					
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o cles of organization or the operating agreement of the l	registered bility con f the limi	l office and npany, it is ted liability	the business office hereby confirmed t company or as oth	of the r hat the c	egister hange	ed (s)
	les Watkins		•	Authorized Person			
Signat	ure of a member or authorized representative of a member			Printed or typed name	of signee		
I hereb provisio he obli	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a chosen in the registered agent as discussed	ee to act i performa I for in Cl	n this capa ice of my d iapter 605.	city. I further agree uties, and I am fam F.S. Or, if this doc	e to com iliar wit cument i	ply with h and c s being	h the iccept filed

the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being file to merely reflect a change in the registered office address. I hereby 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