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(((H21000364415 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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REGISTERED AGENT CHANGE EARLY BIRD LAND, LLC

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09/29/2021 11:32 AM

From: Lindy Briglia

Fax: (850) 617-6383 (((H21000364415 3)))

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.

(a)	PRINCIPAL	(b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)
	20075 SW 107TH LANE		
	DUNNELLON, FL 34432		
	03/05/2021	1.21	000108041
	Date of filing/registration in Florida	4.	Document number
(a)			
(a)	Registered Agent and Registered Office shown on the records o	f the Florida Dep	n, of State:
	CYNTHIA L. PORTER	_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	20075 SW 107TH LANE		2021 SEP 29
	DUNNELLON, F	34432	
	, F	1,	PR ED
(b)			رن <u></u>
. ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>. </u>
	DAVID W. LYBASS		·
	NEW Registered Office Address:		
	11450 EAST BLUE COVE DRIVE	_	
	DUNNELLON , F	L 34432	
inge ent v s/we arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members icles of organization or the operating agreement of the which is the street of the street	iws of the State registered of the limited of the limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. HA L. PORTER
igna	ture of a member or authorized representative of a member		Printed or typed name of signee
oro.	by accept the appointment as registered agent and ag	gree to act in t	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file in that the limited liability company has been

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

Signature of Registered Agent