L21000110863

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700374988247

2021 OCT 29 PM 3: 55

RARUKHS

NOV 0 1 2021 I ALBRITTON 2021 FET 29 AH 9: 52

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 170804 7644314

Sparce

AUTHORIZATION

COST LIMIT : (\$\25.00

ORDER DATE : October 27, 2021

ORDER TIME : 2:42 PM

ORDER NO. : 170804-035

CUSTOMER NO: 7644314

CHANGE OF AGENT

NAME: GADSDEN FCA LAND, 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.

. Name of the limited liability						
2. (a)	- <u></u> -	(1	n)			
Principal office addres	s of limited liability company: E STREET ADDRESS)		, 	Mailing address of limited (Note: MAY BE POS)	d liability com	pany:
9001 E. COLONIAL DR	IVE		9001 E.	COLONIAL DRIVE		
ORLANDO, FL 32817			ORLAND	OO, FL 32817		
03/17/2021			L2100011	10863		
. Date of filing/re	gistration in Florida	4.		Document number		
5. (a)						
Registered Agent and Register	ed Office shown on the records o	of the Florida	a Dept. of Sta	te:		
LOWMAN, WILLIAM F	, JR. SHUFFIELD LOWM	IAN & WII	LSON, P.A	١.		
Registered Office Address	(MUST BE FLORIDA STREE	T ADDRESS	<u>5)</u>	_		
1000 LEGION PL STE	700					
ORLANDO	F	L_32801		_	2021 00 (
					00.	
(b)				_	29	
Enter name of NEW Register	ed Agent and/or NEW Register	ed Office ad	ldress;			
Corporation Service Co	mpany				M1 9:	
NEW Registered Office Addi	ess:			_	52	
1201 Hays Street				_		
Tallahassee	, F	32301				
f the limited liability company i hange or changes are made, the gent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	Florida street address of the case of a Florida limited l native vote of the members	e registere liability co of the lim	ed office ar ompany, it i iited liabilit	nd the business office is hereby confirmed th ty company or as othe	of the regis nat the chan	tered ge(s)
/s/: Jill Cilmi		Jill (Cilmi, Autho	orized Person		
Signature of a member or authorized	representative of a member			Printed or typed name o	Esignee	
I hereby accept the appointment rovisions of all statutes relative he obligations of my position as o merely reflect a change in the otified in writing of this change	to the proper and complet registered agent as provid registered office address, t	gree to act e performe ed for in C Thereby co	in this cap ance of my Thapter 60: Onfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doct the limited liability co	to comply liar with an ument is be ompany has	with the id accept ing filed : been
			E. Kirby, A	sst. Vice President		
Signature of Registered Agent	7					