L21000123921

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I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 107740 472895

AUTHORIZATION : Smill Cons.

COST LIMIT : \$**(/25_0**0

ORDER DATE: October 14, 2021

ORDER TIME : 3:18 PM

ORDER NO. : 107740-056

CUSTOMER NO: 4728950

CHANGE OF AGENT

NAME: PALMETTO LEHIGH ACRES-HANNA

AVE, 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. Na	ame of the limited liability company: PALMETTO LE	HIGH AC	RES-HAN	NA AVE, LLC		
2. (a)	221 S. CRAWFORD STREET	(b) PO BOX 1615				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*		Mailing address of limited li		
	THOMASVILLE, GA 31792		THOMAS	SVILLE, GA 31799		
	03/16/2021		L2100012	23921		
 (a) 	Date of filing/registration in Florida WILDER, BEDFORD	4.		Document number		
• ,	Registered Agent and Registered Office shown on the records of to 215 S. MONROE STREET SUITE 400	— te:				
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	7	-	2021 OCT 1	
	TALLAHASSEE FL	32301		- -	CT 19	·,
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	Office add	lress;		AH 10: 40	
	1201 Hays Street					
		32301		-		
enange agent w 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 lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility cor f the limi	d office and npany, it is ted liability	d the business office of s hereby confirmed that y company or as otherw	the registered the change(s)	
	es Watkins	Miles	s Watkins, /	Authorized Person		
	ure of a member or authorized representative of a member			Printed or typed name of si	_	_
he obli o 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 ha I in writing of this change.	e to act i performa for in Ci ereby coi	in this capa nce of my a hapter 605, afirm that t	icity. I further agree to luties, and I am familia , F.S. Or, if this docum he limited liability com	comply with the r with and acce ent is being file pany has been	te pt rd
Signatur	e of Registered Agent	Grace	E. Kirby.	Asst. Vice President		