L210005299715

(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

A. RIVERS FEB 2 0 2023



800397722588

11, 17, 23 -0130, -004 - 4425,60



COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	National Land Realty FL LLC		
		f Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office O	Change a	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning this m	atter to th	ne following:
Amy Jo Rico	ck		
	Name of Person		
National Lar	nd Realty		
	Firm/Company		
7001 Pelhan	n Road, Suite M		
	Address		
Greenville,	SC 29615		
	City/State and Zip Code		
arieck@nati	onalland.com		
E-mai	l address: (to be used for future annual	report no	tification)
For further	information concerning this matter, plea	ase call:	
Amy Jo Rice	c k	864 it (635-0387
	Name of Person		Area Code & Daytime Telephone Number
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following am	ount:	
= :	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy

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	lame of the limited liability company: Mational Land Re	alty FL LI	.C		
2. (a)		(b) 7001 Pelham Road, Suite M			
2. (a ₎	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Greenville SC 29615		
	12/16/2021	- 1	L21000529715		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a					
	Registered Agent and Registered Office shown on the records of 17888 67th Street North	the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			
			2(⁵ ?		
	Loxahatchee , FI	_	•		
(b)		1 ()((() =			
	Enter name of NEW Registered Agent and/or NEW Registered	1 CHICE BOO	:ress: ::		
	2180 West First Street		: 20		
	NEW Registered Office Address:				
	Unit 301				
	Fort Myers	33901			
chang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the way. Floyd about 150 and 150 authorized representative of a member of authorized representative of a member	e registere ability cor of the limi limited li Susar	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. a Floyd - COO/Member Printed or typed name of signee		
provi the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I will be sufficed address, I will be sufficed address. I will be sufficed address. I will be sufficed address.	ree to act performa d for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		