L23000 511 745

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Certified Copies	<u>-</u>	_ Cer	tificates	of St	atus	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	I20000000195
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REFERENCE : 140997 8176882

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 20, 2023

ORDER TIME : 8:05 AM

ORDER NO. : 140997-005

CUSTOMER NO: 8176882

CHANGE OF AGENT

NAME: GOLDEN BROTHERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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: GOLDEN BRO	THERS,	LLC				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·// 	Mailing ac	ldress of limited	liability company: OFFICE BOX)	
	1710 SMITH AVE.		1710	SMITH AVE			
	THOMASVILLE, GA 31792	_	THOMASVILLE, GA 31792				
	11/10/2023		L2300	00511745			
3.	Date of filing/registration in Florida	4.		Docume	ent number		
5. (a)							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. (of State:			
	ROBERTS, SALLY J					1	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u> : <u>S)</u>				
	1534 W. ROBERTS AMAN RD.						
	PERRY FI	32347					
	, ri						
(b)						₹'	
(0)	Enter name of NEW Registered Agent and/or NEW Registered					-	
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahaassa	22204					
	Tallahassee, FI	32301					
change agent v was/we	imited 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 like a cuthorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed offic ompany nited lis	ce and the bus /. it is hereby ability compa	siness office o confirmed th	of the registered at the change(s)	
	/s/ James M. Groover, Jr.	Jar	nes M.	Groover, Jr.,	Authorized P	erson	
Signa	ture of a member or authorized representative of a member			Printed o	or typed name of	signee	
provisi the obl to merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I i I'in writing of this change.	perform d for in (hereby c	iance o, Chapte onfirm	f my duties, ai r 605, F.S. O that the limite	nd I am famil dr. if this docu ed liability co	iar with and accept ment is being filed mpany has been	
<u> </u>	/s/ Grace E. Kirby	<u>Gra</u>	ace E.	Kirby, Asst	Vice Preside	<u>nt</u>	
N 107791111	te at Kearstered Agent						