## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC

Account Number : I20060000142 Phone : (904)301-1269 Fax Number : (904)301-1279

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE LAKE SANTA FE HOLDINGS LLC

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## 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	ame of the limited liability company: Lake Sant	a Fe Holdings LLC	
) (a)		(b)	
Σ. τα	Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company. (Nate: MAY BE POST OFFICE BOX)
	7105 Paradise Point Drive	P.O	. Box 1939
	Keystone Heights, Florida 32656	Key	stone Heights, Florida 32656
	February 20, 2024	1.246	000089913
3.	Date of filing/registration in Florida	4,	Document number
5. (a)			·
J. (6)	Registered Agent and Registered Office shown on the re-	cords of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDAS) 892 N. State Road 21		
	Melrose		
	, , , , , , , , , , , , , , , , , , ,	, F.L	2021
(b)			
	Enter name of NEW Registered Agent and/or NEW Re	gistered Office address:	2024 MAR 1 3
	Contega Business Services, LLC		3 F
	NEW Registered Office Address:		
	One Independent Drive, Suite 1200		: 29
	Jacksonville	, FL_32202	
change agent was/w	limited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida line ere authorized by an affirmative vote of the meticles of organization or the operating agreement	the laws of the State s of the registered off nited liability compar mbers of the limited t of the limited liabili	s of Florida, it is hereby confirmed that after the lice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
			ackleford, Authorized Representative
	ture of a mornior of authorized representative of a membe		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent of ions of all statutes relative to the proper and collinations of my position as registered agent as pely reflect a change in the registered office add in writing of this change.	ind agree to act in the impletic performance provided for in Chapt ress, I hereby confire	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 603, F.S. Or, if this document is being filed a that the limited liability company has been
Signati	no of Registered Agent	<del></del>	
Malib	ew G. Breuer, Executive Vice President Division of Corporations	P () Rox 6377# To	allahassee F1. 32314
H24000		ING FEE: \$25.00	