24000205487

(Requestor's Name)							
(Address)							
, ,							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000	00195					
	REFERENCE	:	629697	8428049					
	AUTHORIZATION	:		100					
	COST LIMIT	:	\$ 25.00	mais oce was					
ORDER DATE	: September 9, 202	4		.w					
ORDER TIME	: 10:10 AM								
ORDER NO.	: 629697-028								
CUSTOMER NO	: 8428049								
CHANGE OF AGENT									
NAME: PALM BRANCH DEVELOPMENT, LLC									
CER	RN THE FOLLOWING AS TIFIED COPY IN STAMPED COPY	PR	OOF OF FI	LING:					

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.

I. Na	ame of the limited liability company: PALM BRANCH	DEVE	LC	PMENT,	LLC			
2. (a)	(a) 222 LAKEVIEW AVE			(b) 222 LAKEVIEW AVE				
- (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(~)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE 800			SUITE 8	00			
	WEST PALM BEACH, FL 33401			WEST P	PALM BEACH, FL 33401			
	05/02/2024		ı	_2400020	5487			
3.	Date of filing/registration in Florida	4.	-		Document number			
5. (a)	55 RESORT MANAGEMENT CORP							
<i></i> ()	Registered Agent and Registered Office shown on the records of a 222 LAKEVIEW AVE	he Flori	ida	Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 800				_			
	WEST PALM BEACH . FL	33401			202			
					FIL AHASS			
(b)	Parameter (SYPW D. day 14 A. M. A. M				SEP 12			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u> 400</u>	ress:	mi - <			
	Corporation Service Company				AMII: 47			
	NEW Registered Office Address:				T FLORIE			
	1201 Hays Street				OF DE			
	Tallahassee FL	32301			_			
:hange igent w was/we	mited 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	registe bility c othe lin	rec con mit	office an ipany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) v company or as otherwise provided in			
	/s/ Bradley J. Florin			ley J. Flor	in, Authorized Person			
	ure of a member or authorized representative of a member				Printed or typed name of signee			
rovisio he obli o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha in writing of this change.	e to ac erforn for in ereby c	et in nar Ch con	this cape ce of my c apter 605 firm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been			
<u> </u>	ace C-Kuble							
signatur	e of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 629697