L24000205487

(Re	questor's Name)	
		·····
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)
	WAIT	
(B)	reinage Entity Mama	
(Bu	isiness Entity Name)	
	ocument Number)	,
(De	cument Number)	
Certified Copies	Certificates	of Status
	Centilicates	
Special Instructions to Fili	ng Officer:	
	Office Use Only	



FILE: 2024 OCT -1 AH 9: 1.8 SECHETARIA SEE, FL

RECEIVED





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000	0195	
	REFERENCE	: 629697	8428049	
	AUTHORIZATION	Contraction of	, -	
	COST LIMIT	:(/\$_25.00	aller 1	
				
ORDER DATE :	September 9, 202	4		
ORDER TIME :	10:10 AM			
ORDER NO. :	629697-028			
CUSTOMER NO:	8428049			
		- -		. .

CHANGE OF AGENT

NAME: PALM BRANCH DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- 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.

. N	ame of the limited liability company: PALM BRAN		ENT. LLC
. (a)		(b) 222	2 LAKEVIEW AVE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST_OFFICE BOX</u>)
	SUITE 800	SUI	ITE 800
	WEST PALM BEACH, FL 33401	WE	ST PALM BEACH, FL 33401
	05/02/2024	L240	00205487
	Date of filing/registration in Florida	4.	Document number
(a)	55 RESORT MANAGEMENT CORP		
	Registered Agent and Registered Office shown on the records 222 LAKEVIEW AVE	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	
	SUITE 800		Sec. 2
	WEST PALM BEACH	33401	0024 FAL
		FL	
(b)	·	۲L	2024 OCT - 1 SECOLATIAS TALLATIAS
(b)	<u></u> <u>.</u>	۲L	
(b)	·	۲L	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	۲L	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u> Corporation Service Company	۲L	

If the limited liability company is not organized under the taws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Bradley J. Florin

Bradley J. Florin, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

hace Co-Kubi

Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 629697