7/17/2020

Division of Corporations

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Division of Corporations

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LLC REGISTERED AGENT CHANGE AMERIPARK, 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

1.	Na	me of the limited liability company: AMERIPARK,	LLC		
2.	(a)			(b)	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
		233 Peachtree Street NE, Harris Tower - Suite 2600		233 I	Peachtree Street NE, Harris Tower - Suite 2600
		Atlanta, GA 30303		Atlar ——	nta, GA 30303
		08/01/2008		M080	000003619
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	(,	Registered Agent and Registered Office shown on the records of	ot the Flori	da Dept	of State
		NRAI Services, Inc.		4. **	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202	
	1 200 SOUTH PINE ISLAND ROAD				
		PLANTATION , F	1. 33324		FIL SECRETARY TALL SHA
	(b)	C.T. Corporation System			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			D 19:27
					27 27 E
		NEW Registered Office Address.			
		1200 South Pine Island Road			
		Plantation	33324		
the age	cha ent v save	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability s of the l	gistered compan imited li	foffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
(IIC	. (11 (1	H. Willer			filler, Authorized Person
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
prothe to . no.	ovis. e obl mera tifica ten	hy accept the appointment as registered agent and a jons of all statutes relative to the proper and completing to the proper and completing to the proper and completing to the registered agent as provided reflect a change in the registered office address. CT Corporation System of Registered Agent	gree to c le perfor ded for n I herehy	ict in thi mance o i Chapto confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been
		Division of Corporations • P.O FILING			illahassee, FL 32314