

M09000003990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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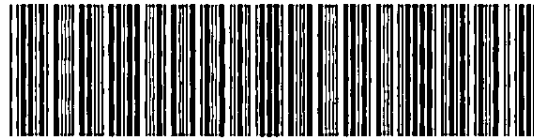
(Business Entity Name)

(Document Number)

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SEP 07 2021

S. YOUNG

2021 FEB 16 PM 7:19

**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. Name of the limited liability company: DEVON ORLANDO/WSTC, LLC

2. (a) 6480 Kingston Pike, Knoxville, TN 37919 (b) 6480 Kingston Pike, Knoxville, TN 37919

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10/07/2009

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3.	Date of filing/registration in Florida	4.	Document number
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5. (a) BISHOP BEALE DUNCAN MANAGEMENT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

250 N ORANGE AVE STE 1500, ORLANDO, FL 32801

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____ FL _____

(b) REALTY TRUST GROUP, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3000 BAYPORT DRIVE, SUITE 860, TAMPA, FL 33607

NEW Registered Office Address:

_____, FL

If the limited liability company is not organized under the laws 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.

Signature of a member or authorized representative of a member

Raja J. Jubran

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.

Signature of Registered Agent

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