(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					





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CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195					
REFERENCE : 042039 8355396					
AUTHORIZATION: Spelle Reman					
COST LIMIT : \$ 25.00					
ORDER DATE : September 28, 2021					
ORDER TIME : 1:12 PM					
ORDER NO. : 042039-003					
CUSTOMER NO: 8355396					
CHANGE OF AGENT					
NAME: ALLIGATOR CREEK WOODLANDS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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. Na	me of the limited liability company: ALLIGATOR CR	REEK WOODLAND	S, LLC	
2. (a)	115 PERIMETER CENTER PLACE, SUITE 940		allantyne Corporate Place	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ATLANTA, GA 30346	Charlotte	e, NC 28277	
	04/18/2011	M11000001943		
3. 5. (a) (b)	Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC.	4.	Document number	
	Registered Agent and Registered Office shown on the records of to 515 EAST PARK AVENUE	the Florida Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET) 2ND FL	(DDRESS)	2021 ShCI TA	
	TALLAHASSEE	32301	ET 15 2021 OCT 11 SECRETARS	
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office address:	## 9:37 ## 9:37	
	Tallahassee . FL	32301		
change agent w was/we the arti	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office an ability company, it if if the limited liabilit limited liability con	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.	
	Jill Cilmi, Authorized representative of a member		Orized Person Printed or typed name of signee	
I herel provisi the obli to mere notified Signatur	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete proper and complete proper of the proper and complete provided by reflect a change in the registered office address. I have a change in the registered office address. I have a change. The of Registered Agent Kirby, Asst, Vice President of Corporation Service Company	ee to act in this cap performance of my I for in Chapter 602 tereby confirm that	varity. I further govern to someth with the	

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

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