

1114 0000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

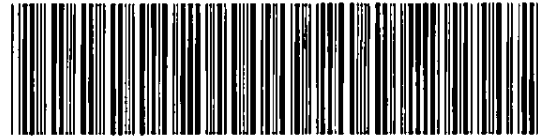
(Document Number)

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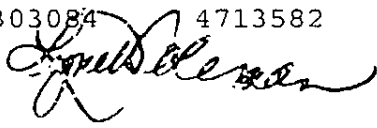
000423599760

RECEIVED
STATE
FEB 13 AM 11:15
TALLAHASSEE, FL

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2024 FEB 13 PM 2:00
TALLAHASSEE, FL

R. HUNT
6/4/3/24

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

ACCOUNT NO. : I20000000195
REFERENCE : 303084 4713582
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 1, 2024

ORDER TIME : 1:28 PM

ORDER NO. : 303084-090

CUSTOMER NO: 4713582

CHANGE OF AGENT

NAME: BLUEGREEN SPECIALTY FINANCE,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

FILED
FEB 1 2024
TALLAHASSEE, FL
1:15 PM

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.

INHS18 (2/14)

STATE
FL