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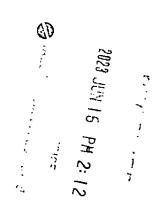
	Requestor's Name)	
	Address)	
	(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
······································	Document Number)	
Certified Copies	_ Certificates of S	Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



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THE SELY OF STATE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 791227 8414023					
AUTHORIZATION: December					
COST LIMIT : \$ 25.00					
ORDER DATE : June 5, 2023					
ORDER TIME : 1:37 PM					
ORDER NO. : 791227-058					
CUSTOMER NO: 8414023					
CHANGE OF AGENT					
NAME: FLEETPARK 2078, LLC					
NAME: FLEETPARK 2070, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
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	ame of the limited liability company: FLEETPARK 20	78, LLC		
2. (a)		C	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	200 OWEN PARKWAY CIRCLE		200 C	DWEN PARKWAY CIRCLE
	CARTER LAKE, IA 51510	_	CAR	ΓER LAKE, IA 51510
	06/21/2017		M1700	00005301
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC.	the Florid	a Dept. of	`State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	
	7901 4TH STREET NORTH SUITE 300			2023
	ST. PETERSBURG	33702		
(b)				HARY OF STATE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office au	ldress:	OF S
	Corporation Service Company			FATE FL
	NEW Registered Office Address:			 -
	1201 Hays Street			<u></u>
	Tallahassee FL	32301		·
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the register ability co of the lin limited!	ed office impany, nited lial liability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	/ Jill Cilmi ture of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete jigations of my position as registered agent as provided by reflect a change in the registered office address. I have the provided of this change in the registered office address. I have the provided of this change.	ee to act perform I for in C vereby co	in this ance of . Chapter Onfirm to	canacity I further agree to comply with the
		GRACE	E. KIR	BY, ASST. VICE PRESIDENT