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(Requestor's Name)	
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(City/State/Zip/Phone	#)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 474809 8449317
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : May 22, 2024
ORDER TIME : 3:36 PM
ORDER NO. : 474809-010
CUSTOMER NO: 8449317
CHANGE OF AGENT
NAME: BRAXTON CREEK RV, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Miller

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.

i. iNa	ame of the limited liability compar	ny: BRAXTON C	•		
2. (a)			(b)	
	Principal office address of limite (Note: MUST BE STREE	ed liability company:		Mailing addres	s of limited liability company **RE POST OFFICE BOX**)
	0925N STATE ROAD 5 SHIPSHEWANA, IN 46565		PO BOX 345 SHIPSHEWANA, IN 46565		
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	<u></u>			:M17000009813:::::	
3.	Date of filing/registratio			Document 1	
5. (a)					
, (")	Registered Agent and Registered Office INCORP SERVICES, INC.	shown on the records	of the Florida	Dept. of State:	
	Registered Office Address (MUST B	E FLORIDA STREE	TADDRESS,	!	
	3458 LAKESHORE DRIVE				ے
	TALLAHASSEE		32312		024
		,	FL		
(b)					-1 = [
,	Enter name of NEW Registered Agent	and/or NEW Register	red Office add	ress:	字 (S
	Corporation Service Company				2024 JUH 17 MILLY 34
	NEW Registered Office Address:				<u> </u>
	1201 Hays Street				
	Tallahassee		32301		
		•	r 1.2		
:hange igent w vas/we	mited liability company is not org or changes are made, the Florida vill be identical. Or, in the case of the authorized by an affirmative vo cles of organization or the operation	street address of the Street address of the Street address of the members	he registered liability cor s of the limi	d office and the busines apany, it is hereby cont ted liability company o	s office of the registered firmed that the change(s
	Zin E. Cigni		JILL	CILMI, AUTHORIZED	PERSON
Signat	ure of a member or authorized representa	tive of a member		Printed or typ	ed name of signee
l hereb rovisio he obli o mere	y accept the appointment as regis ons of all statutes relative to the pi gations of my position as register by reflect a change in the register	tered agent and a roper and complet ed agent as provice ed office address,	gree to act i le performa led for in Ci I hereby coi	n this capacity. I furth ace of my duties, and I apter 605, F.S. Or, if afirm that the limited li	er agree to comply with am familiar with and ac this document is being f ability company has bee
otified	In writing of this change.				