(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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Account#: I20000000088

Date:	09/20/2021	
	Chris Vick	_
	#:1471023	
		ING DAYTONA, LLC
☐ Arti	cles of Incorporation/Authorizatio	n to Transact Business
Am	endment	
☑ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount \$25.00	

F: 800.944.6607

F: +852.2682.9790



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Account#: 120000000088

Date:	09/20/2021							
Name:		<u> </u>						
	#:1471023							
Entity Nam	ne:WOODSPR	NG DAYTONA, LLC						
	cles of Incorporation/Authorizatio	n to Transact Business						
Am	endment							
✓ Change of Agent								
Reinstatement								
Conversion								
☐ Merger								
Dis	☐ Dissolution/Withdrawal							
☐ Fict	titious Name							
Oth	ner							
Authorized	Vigin V							

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. N	lame of the limited liability company: WOODSF	PRING DA	YTONA,	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Cha	nge
	September 3, 2019			M19000008466
3.	Date of filing/registration in Florida	4.		Document number
5. (a	COX, PHILIP			_
J. (Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	e:
	2910 W. INTERNATIONAL SPEEDWAY	BLVD		_
	Registered Office Address (MUST BE FLORIDA STREE	ET <u>ADDRESS</u>	1	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 115 North Calhoun St., Suite 4			ELLAND SELDINE
	NEW Registered Office Address:			
If the	Tallahassee , limited liability company is not organized under the	laws of the	State of FI	- orida, it is hereby confirmed that after
the clagent was/sthe au	nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited yere nuthorized by an affirmative vote of the member lieles of organization or the operating agreement of a member or authorized representative of a member	s of the regis d liability co rs of the lim	itered offic impany, it ited ligbili	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
provi the or to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and complobligations of my position as registered agent as proverely reflect a change in the registered office address ed in writing of this change.	agree to act ele performe ided for in C , I hereby ca	in this cap ance of my Chapter 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Michael Carlisle, Assistant Secretary

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

INHS18 (2/14)

/s/ Michael Carlisle
Signature of Registered Agent