Division of Corporations



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Division of Corporations

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LLC REGISTERED AGENT CHANGE PLANTATION CROSSROADS IV LLC

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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.

ì.	Name of the limited liability company: Plantation Crossr	roads IV	LLC	
2. (a	ı)		(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)
	6031 Connection DriveSte 200		300 N Mai	in StreetSte 402
	Irving, TX 75039		Greenville	. SC 29601
	E1/19/2020		N120000010	0650
3.	Date of filing/registration in Florida	_ 		Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of CT Corporation System	the Flori	da Dept. of Stat	 e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			-
	TALLAHASSEE, FI	32301		-
				-
(t))			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office a	iddress:	_
	United Agent Group Inc.			
	NEW Registered Office Address:			_
	801 US Highway I	<u></u>		_
	North Palm Beach, Fl	33408		
chan agen was/	e limited liability company is not organized under the large or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the registentiability of the line	e State of Flored office and company, it is mitted liability	orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/ş/ T	iffany Meeker	T	itfany Meek	er, Attorney-in-Fact
Sig	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	weby accept the appointment as registered agent and agr isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide grely reflect a change in the registered office address, I i ted in writing of this change.	perforn d för in	nance of my o Chapter 605	duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed
	Fiffany Meeker Tiffany Meeker, Special Secre	tary		
Signa	ture of Registered Agent			