## M21000002462

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
F		
PICK-UF	WAIT	MAIL
(Bu	siness Entity Name)	·
(Do	ocument Number)	
Copies	Certificates of	Status
Hastructions to Filin	ng Officer:	

Office Use Only



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APR 27 2023

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 687337 7784733										
AUTHORIZATION: Spielle Man										
COST LIMIT : \$ 25.00										
ORDER DATE : April 19, 2023										
ORDER TIME : 9:47 AM										
ORDER NO. : 687337-034										
CUSTOMER NO: 7784733										
CHANGE OF AGENT										
NAME: CHANCE WILDWOOD, LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Eyliena Baker										

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	me of the limited liability company: CHANCE WILD	WOOD	, L	LC		
	(a)						
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Vailing address of limited line (Note: MAY BE POST O	
		1451 Home Street			P.O. BOX		THEE BOX
			_				
		JACKSONVILLE, FL 32207	_		JACKSON	IVILLE, FL 32207	<u> </u>
		03/03/2021		ľ	M21000002	2462	
3.		Date of filing/registration in Florida	4.	_	"	Document number	· ·
5.	(a)						
	( )	Registered Agent and Registered Office shown on the records of a NRAI SERVICES, INC.	he Flori	da	Dept. of State	· :	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2023
		1200 SOUTH PINE ISLAND ROAD					7023 APR
			33324				R 26
		, FL	33324				
							置し
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıdd	ress:	•	ු ආ
							•
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee, FL_	32301				
cha age wa	inge ent w s/we	mited 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 l	registe: bility c f the lii	rec on mir	l office and apany, it is red liability	the business office of hereby confirmed that company or as otherw	the registered the change(s)
				Jill Cilmi, Authorized Person			
	-	ure of a member or authorized representative of a member				Printed or typed name of si	_
I h pro the to i not	ereb visio obli nere ifica	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to ac perforn for in ereby c	:t i nar Cl :or	n this capa ace of my d apter 605, afirm that th	city. I further agree to uties, and I am familia F.S. Or, if this docum he limited liability com	comply with the r with and accept ent is being filed pany has been
Sig	natur	Linaca C-Kinble  e of Registered Agent	GRACI	EΙ	E. KIRBY,	ASST. VICE PRESID	ENT