

M21000002822

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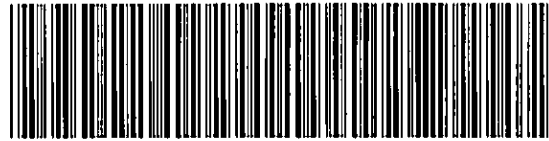
(Business Entity Name)

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DATE: 3/17/2021

NAME: SCOTBILT HOMES OF NORTH GEORGIA, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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over

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scotbilt Homes of North Georgia, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juanita Sullivan

Name of Person

Foley & Lardner LLP

Firm/Company

321 North Clark Street - Suite 3000

Address

Chicago, Illinois 60654-4762

City/State and Zip Code

jmsullivan@foley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita Sullivan

312

832-4725

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Scotbilt Homes of North Georgia, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2888 Fulford Road
Waycross, Georgia 31503

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. Box 1189
Waycross, Georgia 31502

3. February 24, 2021 4. M21000002822
Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Drew Scott
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4300 South Fletcher Avenue
Amelia Island, FL 32034

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CT Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Spence
Signature of a member or authorized representative of a member

Robert Spence
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Stephanie Hencz Stephanie Hencz, assistant secretary
Signature of Registered Agent

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