

(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
		MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	Office Use Onl	у			





of lelislaonn

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

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	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	730333	7404935	
	AUTHORIZATION	: C	Sovello ac		
	COST LIMIT	:	(\$ 25.00	enan	 _
ORDER DATE :	June 7, 2022				
ORDER TIME :	2:23 PM				
ORDER NO. :	730333-036				
CUSTOMER NO:	7404935				
	. .				 -

CHANGE OF AGENT

NAME: DD LAKE ANDREW 17.61, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

(2)				
(4)		(1	b)	
. /	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、	× N	Aailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
2	403 CORPORATE CENTER DRIVE STE 201		403 CORF	PORATE CENTER DRIVE STE 201
- -	STOCKBRIDGE, GA 30281		STOCKBR	RIDGE, GA 30281
C	03/30/2022		M22000005	5839
	Date of filing/registration in Florida	- 4.		Document number
(a)				
	egistered Agent and Registered Office shown on the records of CT Corporation System	the Florid	a Dept. of State	:
R	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>5)</u>	
1	1200 SOUTH PINE ISLAND ROAD			2022 58.0
- F -	PLANTATION, FI.	33324		
(b)	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	F. L. AHIO: 5
(Corporation Service Company			
Ň	EW Registered Office Address:			
1 _	1201 Hays Street			
T	Tallahassee	32301		
ange or ent will as/were	ited liability company is not organized under the law r changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of es of organization or the operating agreement of the	vs of the registere bility co f the lim	State of Flor ed office and impany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	JILL CILMI	JILL		THORIZED PERSON
-	e of a member or authorized representative of a member accept the appointment as registered agent and agr	<u>.</u>		Printed or typed name of signee

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

0 naco Л Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

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