Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	ion of Corporations umber : (850)617-6383	2 AF

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO Account Number : I19980000090

Phone : (407)839-4200 Fax Number : (407)839-4264

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE SHAW LAND OF ALABAMA, LLC

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shaw Land of Alabama, LLC		
	of Limited Liabil	lity Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	: Change and fec(s) are submitted for filing.
Please return all correspondence concerning this		
Angela Shaw		
Name of Person		
Firm/Company	<u></u>	
110 Lake Winnemissett Drive		
Address		
Deland, Florida 32724		
City/State and Zip Code		
angela.shaw@nclsonmullins.com		
E-mail address: (to be used for future annua	report notification	on)
For further information concerning this matter, pl	ease call:	
Angela Shaw	407	669-4222
Name of Person	at ()	rea Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314	R D T 24	treet Address: egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the following ar	nount:	
S25 Filing Fee	□ \$55 Fi	ling Fee & Certified Copy
INHS18 (2/14)		

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: Shaw Land of Alabama, LLC					
2 (e)		1	h)		
(,	(Nota: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	i 20 Frank Dial Road		110 Lake Winnemissett Drive		
	Livingston, Alabama 35470	Deland, Florida 32724			
	05/27/2022		M22000008	3428	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
رa) د	Registered Agent and Registered Office shown on the records of t	he Florie	la Depl. of Stat	- lc:	
	Angela Shaw				
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES	S)	-	. 63
	390 North Orange Avenue, Suite 1400				2824 7A2-
	Orlando, Florida , FL				AUG
					-2
(b)	Buter name of NEW Registered Agent and/or NEW Registered				
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		E E
	Angela Shaw			-	124 AUG -2 AM 4: 11 SEUNHÄSSER FLORID
	NEW Registered Office Address:				<u> </u>
	110 Lake Winnemissett Drive			_	
	Doland, FL	32724		-	
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility co f the lin imited	ed office and ompany, it is nited liability liability con	d the business office of thereby confirmed the y company or as other	of the registered at the change(s)
(incustrais	Aug	gela Shaw	70.70.70.70.70.70.70.70.70.70.70.70.70.7	e r
l here provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha i in writing of this change. When the proper was a member of the proper and complete p in the registered office address, I ha i in writing of this change.	ee to ac perform for in (ereby c	t in this cape ance of my c Chapter 605 onfirm that i	Printed or typed name of ucity. I further agree duties, and I am Jumil, F.S. Or, if this docu the limited liability co	to comply with the