

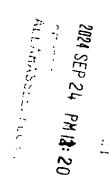
	(Requestor's Name)						
<u> </u>	(Address)						
(Address)							
	(A) (A) (B) (B)						
	(City/State/Zip/Phone #)						
PICK-U	P WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							





200436484822

2024 SEP 24 AH 9: 15 SEALL/HASSEE, FA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 6 ige is submitted for a corporation to change its registered office or	i organized under the	laws of the Sta	ate of FL		
I. The name of the	ne corporation: PALM COAST HO	DLDINGS, INC.				
The principal of t	office address: 30 W. Superior Str	reet Duluth, MN 558	02			
_	ldress (if different):					
4. Date of incorp	oration/qualification: 08/25/200	O Docume	ent number: P	000000810	71	
	street address of the current regis ment of State: (If resigned, enter		stered office on	file with the	:	
	C T Corporation System					
	1200 South Pine Island Road, Broward County				202	
	Plantation		FL 33324		2024 SEP 2	٠.
6. The name and (if changed):	street address of the new register	ed agent (if changed)) and /or registe	red office	24 AH	•
	Corporation Service Company			<u> </u>	بو	
	1201 Hays Street				2	
		P.O. Box NOT acceptable				
	Tallahassee		FL 32301	 -		
The street address as changed will	ss of its registered office and the be identical.	street address of the	e business offic	e of its regi	istered	agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	ndopted by its board been notified in writi	of directors or ng of the chang	by an offic-	er so	
/s/Julie L. Padilla		Julie L. Pad	illa	Se	cretary	/
Signature	e of an officer or director	- 	Printed or typed nan	ne and title		
I further agrée to of my duties, and document is beir corporation has	the appointment as registered as comply with the provisions of a lam familiar with and accept to glied merely to reflect a chang been notified in writing of this company	all statutes relative t he obligation of my we in the registered o	t in this capacit to the proper at position as reg office address, l	tv. id complete fistered age I hereby con	r perfoi nt. Or nfirm ti	rmance i if this hat the
By: Mont.	kinds ature of Registered Agent	09/23/2024				
			Date			
If signing on bel	•					
	Asst. Vice President ped or Printed Name	-				
••	•	NG FEE: \$35.00 *	* *			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
Mail, TO: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314
CR2E045 (04/13)