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621 Fig. 27 | Et 11: 27

To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE TUPELO PARK SERVICES CORPORATION

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DEC 28 2021

A. LUNT

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

	provisions of sections 607,0502, 617.0 inge is submitted for a corporation org				
in orde	er to change its registered office or reg	gistered agent, or both, in the S	tate of Florida.		
1. The name of	the corporation: TUPELO PARK SER	VICES CORPORATION			
	office address: 2730 CUMBERLAND		30080		
3. The mailing a	address (if different):				
4. Dateofincorp	oration/qualification: 09/26/2018	Document number: F	P18000081167		
5. The name and	d street address of the current registere rtment of State: (If resigned, enterresigned)	ed agent and registered office o			
	Leon, David F.				
	390 N ORANGE AVE SUITE 1400		~~~~		
	ORLANDO, FL 32801		021 OI		
6. The name and (ifchanged):	d street address of the new registered a	agent (if changed) and /or regis	2021 DEC 27		
. 5.47	C T Corporation System		AM 10:		
	1200 South Pine Island Road				
	P.O Plantation, Florida 33324	Box NOT acceptable	_		
The street address changed will	ess of its registered office and the street be identical.	eet address of the business of	ice of its registered agent.		
Such change wa	as authorized by resolution duly adop he board, or the corporation has been	nted by its board of directors on totified in writing of the cha	or by an officer so nge.		
Kenec San,	dell	Renee Sandell	Vice President		
CF 8 Z 4 28 6, SQ 19 6 4 4	re of an officer or director	Printed or typed a	ame and lifle		
I further agrée of my duties, ar document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper (obligation of my position as re t the registered office address	and complete performance - evistered agent - Or-if this -		
C. L. Conportation	1 System Onice Bell	12/16/2021			
Signature of Registered Agent		Date			
If signing on bo	chalf of an entity:				
Denise Bell, Ass	st Secy.				
γ	yped or Printed Name				
	* * * FILING	FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPAREMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: