P18000081167

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT ORDER DATE: April 7, 2022 ORDER TIME : 5:40 PM ORDER NO. : 601781-029 CUSTOMER NO: 7247429 CHANGE OF AGENT NAME: TUPELO PARK SERVICES CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT# EXAMINER: _____

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org ar to change its registered office or regi	anized under the laws of the State of	· ·		
1. The name of	the corporation: Tupelo Park Services	Corporation			
	office address: 2730 CUMBERLAND I		_		
SMYRNA, GA	30080				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/26/2018	18 Document number: P18000081167			
	d street address of the current registered tment of State: (If resigned, enter resigned)		vith the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD		202 Séo		
	PLANTATION	FL 33324	ZHAN		
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered o	ffice SEE		
	Corporation Service Company		ا م ڇت ـ		
	1201 Hays Street		52		
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301	 ,		
The street addre as changed will	ss of its registered office and the street be identical.	et address of the business office of	its registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by ar notified in writing of the change.	officer so		
KINI	(Sarfell	Renee Sandell	Vice President		
	e of an officer or director	Printed or typed name and			
oj my auties, an document is bei corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ol ng filed merely to reflect a change in a been notified in writing of this chang I Service Company	pligation of my position as registere the registered office address. I here	mplete performance ad agent. Or, if this by confirm that the		
B y ։ Հ	ace Cokuble	1/18/22			
Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Grace E. I	Cirby, Asst. Vice President				
Ту	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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