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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

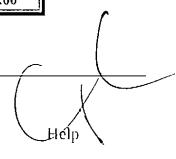
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## REGISTERED AGENT CHANGE TAM LENDING CENTER INC.

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MI 8: 38

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

statement of cl	uange is submitted for a corporation orgo	502, 607,1508, or 617,1508, Florida Statutes, mized under the laws of the State of New Jer	
		stered agent, or both, in the State of Florida.	
	f the corporation: TAM Lending Cen		
2. The principa	al office address:		<del></del>
~	address (if different):		
4. Date of inco	rporation/qualification: 07/02/15	Document number: F1500000290	0
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	Galiano, Peter		
	12950 SW 7th Buckinghan	n Court A205	
	Pembroke, FL 33027		2022
6. The name at (if changed)	ent (if changed) and /or registered office	2022 DEC 27	
	Registered Agents Inc		A
	7901 4th St N STE 300		ထ္
	St. Petersburg FL 33702	ox NOT acceptable	38
The street add as changed wi	ress of its registered office and the stree If be identical.	t address of the business office of its registe	red agent.
Such change v authorized by	vas authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer southed in writing of the change.	50
Carol	L Headman ture of an officer or director	Carol L Headman	
l hereby accept I further agree of my duties, a document is be corporation ha	of the appointment as registered agent a e to comply with the provisions of all sta and I am familiar with and accept the ob eing filed merely to reflect a change in t as been notified in writing of this chang	nd agree to act in this capacity, tudes relative to the proper and complete po digation of my position as registered agent, he registered office address, I hereby confir e.	erformance Or, if this on that the
312 11-		12/26/2022	
	ignature of Registered Agent	Date	
If signing on b	behalf of an entity:		
Bill Havre			
	Typed or Printed Name		
	* * * FILING F	EE: \$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)