F18000004217

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:0 | 1/08/2024 | | | | |
|---------------|-----------------|-----------------------------|-------|----------|---|
| | Patrice Rush | | | | |
| | 2232433 | | | | |
| | | TCG, INC. | | | |
| _ | · | zation to Transact Business | | 2624 | |
| Amend | ment | | | • | |
| | e of Agent | | :2 | 81 | |
| Reinsta | tement | | SET S | PH (| |
| ☐ Conver | sion | | TATE | PH 3: 59 | • |
| Merger | | | • | | |
| ☐ Dissolu | tion/Withdrawal | | | | |
| ☐ Fictitiou | ıs Name | | | | |
| Other_ | | | | | |
| | | | | | |
| Authorized Am | nount:\$35.00 | | | | |
| Signature: | Preson | | | | |

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

| I. The name of | the corporation: | TCG-FLA, INC. | |
|--|--|---|---|
| | office address: No Change | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: Septe | ember 10, 2018 Document number: | F18000004217 |
| | d street address of the current rtment of State: (If resigned, e | registered agent and registered office on enter resigned) | file with the |
| | CORPORATION | ON SERVICE COMPANY | |
| | 1201 | HAYS STREET | |
| | TALLAHAS | SEE, FL 32301-2525 | 7974 |
| 6. The name and (if changed): | COGENCY GLO | | 8 PH 3: |
| | Tallahassee, FL | Dun St., Suite 4 P.O BOX NOT acceptable 32301 | 59 |
| _ | ess of its registered office and be identical. | d the street address of the business offic ally adopted by its board of directors or has been notified in writing of the chang | |
| /s/ Daniel Tu | irner | Daniel Turner | President |
| I hereby accept I further agree performance of agent. Or, if th | to comply with the provision: my duties, and I am familiar is document is beine filed me | Printed or typed named agent and agree to act in this capacity of all statutes relative to the proper are with and accept the obligation of my perely to reflect a change in the registere on notified in writing of this change. | ty. nd complete osition as registered |
| | | | |

Tim Mayville, Assistant Secretary

Typed or Printed Name

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