Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE TBC PENSACOLA LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company:	.C 	
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(p)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
3.	11/15/21 Date of filing/registration in Florida		Document number
5. (a)	SHNEIDER, KYLE		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4523 JEAN RD.		
	VALRICO	33596	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (7901 4th St N	Office address:	2024 JAH 31 T
	NEW Registered Office Address:		PH PH
	St. Petersburg FL	33702	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law to a member or authorized representative of a member	the registered bility compar f the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
provis the ob- to mer notific	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. Taylor Newman - Assistant Secure of Registered Agent	performance a l fòr in Chapta erchy confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been