

F20000004731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

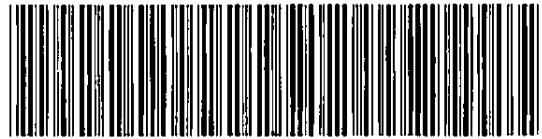
(Business Entity Name)

(Document Number)

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K. HUNT
01/03/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TGRC INC.
Name of Corporation

DOCUMENT NUMBER: F20000004731

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETH LYONS

Name of Contact Person

CLAS INFORMATION SERVICES

Firm/Company

1545 RIVER PARK DRIVE, SUITE 330

Address

SACRAMENTO, CA 95815

City/State and Zip Code

cecilia@globalcorpsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH LYONS

Name of Contact Person

at (916)

564-7800

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

REC'D
DEPT OF STATE
TALLAHASSEE, FL
MAY 1 1 36 PM 12:36

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TGRC INC.
2. The principal office address: 37 N ORANGE AVE SUITE 1100B, ORLANDO, FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/26/2020 Document number: F20000004731
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

National Registered Agents

37 N Orange Ave Suite 900A

ORLANDO, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/S/DAN POTTS

Signature of an officer or director

DAN POTTS, OFFICER

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

/S/BETH LYONS

Signature of Registered Agent

3/26/2024

Date

If signing on behalf of an entity:

BETH LYONS

Typed 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
CR2E045 (04/13)