10/30/2024 11:34:05 PDT, Ta: 18506176383 Page: 1/2 Fax: 813436520

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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

Fax Number : (813)436-5206

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K. SALY

OCT 3 0 2024

To: 18506176383 Page: 2/2 Fax: 8134365206 10/30/2024 11:34:05 PDT,

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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ane of the limited liability company: TDH Mar	nage	ement,	LLC
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		i	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4	th St N STE 300
	St. Petersburg, FL 33702		St. Pete	rsburg, FL 33702
	10/03/03		L0300	0038735
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)			A SECRET
	Registered Agents Inc			TILEUR PH 4: 28 2014 OCT 30 PH 4: 28 TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office a	nddress:	200
	NEW Registered Office Address: STE 300			-
	St. Petersburg	3370)2	
the char agent w was/we the artic	mited liability company is not organized under the lavinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reg ability of the li	gistered office company, it is mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	ure of a member or authorized representative of a member		obin Jone	• •
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the obli	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete agent on position as registered agent as provided by reflect a change in the registered office address, I have been also fine writing of this change. David Roberts - Assistan	perfori d for in hereby	mance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept i, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

David Roberts - Assistant Secretary