Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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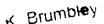
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JUL 1 3 2022



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	me of the limited liability company:TA	MIAMI	BUSINE	SS PARK	K, LLC			
2. (a	a)	12895 SW 132ND ST		(b	12895	5 SW 132ND S	ST		
2 . (.	-,	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)				Mailing address of lir (Note: MAY BE F		-	•
		MIAMI, FL 33186			MIAMI	I, FL 33186			
		02/29/2012			L12000	029237			
3.		Date of filing/registration in Florida	3	4.		Document numb	er		
5. (a)	CORPORATION SERVICE COMP	YNA			_			
		Registered Agent and Registered Office shown on the 1201 HAYS STREET	records of	f the Florida	Dept. of State	<u>a</u> :			
		Registered Office Address (MUST BE FLORIDA	STREET	ADDRESS	1	-			
		TALLAHASSEE	Fl	, 32301	-2525	-	:- :-	2022 JUL 13	
a	5)	Corporate Creations Network Inc	•				٠	<u>.</u>	= :-
,,	٠,	Enter name of NEW Registered Agent and/or NEW Registered Office address				-		70 18	255
		801 US Highway 1				_	: -	: :	r.
		NEW Registered Office Address:						40	
		North Palm Beach	, FI	L_ 33408	3	-			
chan agen was/	ge it v	imited liability company is not organized und or changes are made, the Florida street addr vill be identical. Or, in the case of a Florida are authorized by an affirmative vote of the n cles of organization or the operating agreement	ess of the limited li nembers	e registere lability co of the lim	d office and mpany, it is ited liability	d the business off hereby confirme y company or as o	fice of the	e registe te chang	ered e(s)
		nitlin Lazarus		Ca	tlin Lazar	rus, Attorney-ir			
_		ture of a member or authorized representative of a men				Printed or typed nar	••		
prov the o to m	isi bl. ere	by accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a ely reflect a change in the registered office a l'in writing of this change.	it and ag complete s provide ddress, l	ree to act e performa ed for in C hereby co	in this capa nce of my a hapter 605 nfirm that t	ncity. I further as duties, and I am f , F.S. Or, if this of the limited liability	gree to c amiliar v documer ty compa	omply w with and nt is bein any has	rith the l accept ng filed been
		tlin Lazarus Caitlin Lazarus, S	pecial (Secretar	y				
Sign	anu	re of Registered Agent							