

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002005103)))



H220002005103ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE TJP COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 JUN 10 PM 4:08

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 1 0 2022

K. Brumbley

122 JUN 10 FH 12: 14

	ير پوري	***		0510 3))) • • • • • • • • • • • • • • • • •				
TO:	Registration Section Division of Corporations			•				
OXID X	r.C.T.	TJP C	OMPAN	IY, LLC				
SUBJ		Name of Limited Liability Company						
Dear S	Sir or Madam:							
The e	nciosed Registered Agent/Registered Of	ffice Char	ige and f	ce(s) are submitted for filing.				
Please	return all correspondence concerning t	his matte	r to the fo	ollowing:				
	Karen Gibson							
	Name of Person			_				
	InCorp Services, Inc.							
-	Firm/Company	 -		_				
	3773 Howard Hughes Pkwy. St	uite 500\$	3					
	Address			_				
	Las Vegas, NV 89169-60)14						
	City/State and Zip Code			_				
	documents@incorp.cor	n						
	E-mail address: (to be used for future ar	mual repo	ort notific	cation)				
For fi	urther information concerning this matte	r, please	call:					
Kare	n Gibson for InCorp Services, Inc.	at (800	246-2677				
-	Name of Person	ar _		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ig amour	ıt:					
	■ \$25 Filing Fee		□ \$5	is Filing Fee & Certified Copy				
INHS	18 (2/14)	(((H2	2200020	00510 3)))				

(((H22000200510 3))) 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: TJP COMPA	NY, LL				_	
2. (a)	5300 W Atlantic Ave Suite 700		(b) 5300 W Atlantic Ave Suite 700				
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE Po		-	•
	Delray Beach, FL 33484		Delray Beach, FL 33484				
	Bellay Ceden, 1 & 30404						
	01/30/2014		L1400001	18251			
3.	Date of filing/registration in Florida	4.		Document numb	er	···	
5 (-)	BOWER, TANYA L						
5. (a)	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of Stat	— te;			
	110 SE 5TH ST 15TH FLOOR						
	Registered Office Address	_					
	FT LAUDERDALE,1	FL	33301	_	· ·	21	
<i>a</i> >	InCorp Services, Inc.					2022 JUN 10	
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	·	* }.#-	N.	_ = = =================================
					. :.	0	一些美
	17888 67th Court North			<u>-</u>	-	P X	ED OV
	NEW Registered Office Address:						
	<u> </u>			_		08	
	Loxahatchee	FL	33470	_			
the cha agent v was/wi the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the companion of the operating agreement of the companion of the operation of a member by accept the appointment as registered agent and a	of the all liability sof the limit	egistered office company, it limited liabilitied liability co Sean Goode	is hereby confirmed by company or as ompany. Printed or typed na	s office ed that to otherwi	of the	e registered lange(s) ovided in
provisi the ob- to mer	ions of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as provided in writing of this change.	ded for I hereb	in Chapter 60 y confirm tha	t the limited liabil	familiar docume ity com	r with ent is pany	and accep being filed has been
Signan	up of Registered Agent						