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.

(((H22000200103 3)))



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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. **

documents@incorp.com Emnil Address:

LLC REGISTERED AGENT CHANGE TJPI, LLC

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Help JUN 10 2022

K. Brumbley



•	COVER LETTER .					
TO: Registration Section Division of Corporations						
SUBJECT:	TJPI, LLC					
	ne of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
Amanda Morehouse						
Name of Person						
InCorp Services, Inc.						
Finn/Company						
3773 Howard Hughes Pkwy. · Sui	te 500\$					
Address						
Las Vegas, NV 89169-601	4					
City/State and Zip Code						
documents@incorp.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Amanda Morehouse on behalf of InCorp Services, le	nc. 800-246-2677					
Name of Person	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	amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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

(a) .	1591 Estuary Trail		(b) 1591 Est	uary Trail			
() .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)				
	Delray Beach, FL 33483		Delray Be	each, FL 33483			
	10/13/2017		L1700021	2411			
	Date of filing/registration in Florida	- 4.		Document nu	mber		
(a)	Pryor, Thad						
(11)	Registered Agent and Registered Office shown on the records of	of the Flo	orida Dept. of Stat	e:			
	1591 Estuary Trail						
	Registered Office Address	T ADDR	ESS)	-			
	Delray Beach , I	FL	33483	_			
(b)	InCorp Services, Inc.			_		0 I NNF 2202	
()	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e address:		<u>::</u> ::	M	
	17888 67th Court North						FILE FINE FINE FINE FINE FINE FINE FINE FIN
	NEW Registered Office Address:					: h Hd	() () ()
		 -		_	<i>-</i> :	40	
	Loxahatchee	FL	33470				
ie cha gent v ras/we	Loxahatchee 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	laws of of the liabilit	the State of Floregistered officery company, it illumited liabilities	e and the b is hereby co ty company	usii onfi	usiness offic onfirmed that	hereby confirmed the business office of the confirmed that the characteristics are supported to the characteristics and the characteristics are supported to the characteristics.
e arti	icles of organization or the operating agreement of the	he limi	ted liability cor Sean Gooder	mpany.		•	
Signa	ture of member or authorized representative of a member	-	<u> </u>	Printed or types	d name of s	gnee	
	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address,	gree to	act in this cap	pacity. I furthe	r agree t	o comp	ly with the