Riofical Divis	ton of Concentions				
Electron	ik Eilipz Cov. Sheat				
ote: Please print this page and use it as on the top and both	s a cover sheet. Type the fax audit number (shown below toom of all pages of the document.				
(((H	(19000305056 3)))				
н	1190000050563AB0\$				
Note: DO NOT hit the REFRESH/RELO, general	AD button on your browser from this page. Doing so will the another cover sheet.				
То:					
Division of Corporations Fax Number : (850)617-6	5383				
From:					
Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754					
*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**					
Email Address:					
LLC REGIST	FERED AGENT CHANGE 🛼 😂				
TIC ACQUIS	TERED AGENT CHANGE				
Certificate of Status	0				
Certified Copy	0 5				
Page Count					
Estimated Charge	\$25.00				

,

-

OCT 1 : 2018 T. LEVAEUX

To: 18506176383 From: 14693173436 Date: 10/14/19 Time: 2:15 PM Page: 02/02

(((H190003050563)))

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.

TIC ACQUISITION HOLDINGS, LLC

	Principal office address of limited liability company	(i		ailing address of limited hability compa		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOS		
	8300 W. Sunrise Blvd.		8300 W. 3	Sunrise Blvd.		
	Plantation, FL 33322		Plantation	n, FL 33322		
	11/07/2017		L17000	230953		
	Date of filing/registration in Florida	4.	Ţ	Document number		
1)						
` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.					
	Corporate Creations Network Inc.					
	Corporate Creations Network Inc. Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRES:</u>	<u>sp</u>			
	· · · · · · · · · · · · · · · · · · ·	<u>TADDRES.</u>	<u>\$)</u>			
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 11380 Prosperity Farms Road #221E			2 2		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 11380 Prosperity Farms Road #221E	<u>et address</u> 171_ <mark>33410</mark>		2863		
)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 11380 Prosperity Farms Road #221E			2010 OCT		
)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 11380 Prosperity Farms Road #221E	_{гт.} 33410)	2013 OCT 15		
)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 11380 Prosperity Farms Road #221E Palm Beach Gardens	FL_33410)	2013 OCT 15 A		
)	Registered Office Address (MUST BE FLORIDA STREE 11380 Prosperity Farms Road #221E Palm Beach Gardens Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL_33410)	TALLA ASSESSED		
)	Registered Office Address (MUST BE FLORIDA STREE 11380 Prosperity Farms Road #221E Palm Beach Gardens Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LEGALINC CORPORATE SERVICES IN	171. 33410 red Office and C.	ldress			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rohit Navani

Signature of a member or authorized representative of a member

Rohit Navani Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

ľ 0.001Signature of Registered Agent UA

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25.00**