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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: TJSRV	LLC	
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901	4th St N STE 300
	St. Petersburg FL 33702	St. Pet	ersburg FL 33702
	05/01/2018	L18000	0109923
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGEN	TS, INC.	
5. (a)	Registered Agent and Registered Office shown on the records of		nte;
	13302 WINDING OAK COURT		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	_
	SUITE A		
	TAMPA	_{FI} 33612	_
		· ~ <u></u> -	-
(b)	Registered Agents Inc.		- TAL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	
	7901 4th St N		APR-2
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_{FL} 33702	PK 3: 21
the cha agent v was/we	imited liability company is not organized under the imge 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 membericles of organization or the operating agreement of the	of the registered offi liability company, it s of the limited liabil he limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
- 871-11	Kilmy Tark	Riley Park	Printed or typed name of signee
I here provisi the obl to mer natifie	ture of a member or authorized representative of a member 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 providely reflect a change in the registered office address, distributing of this change. Bill Havre - Assistate of Registered Agent	ngree to act in this ca the performance of m ded for in Chapter 6 I hereby confirm tha ant Secretary	macity. I further goree to comply with the