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Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 518062 8378148 AUTHORIZATION COST LIMIT : ORDER DATE: February 23, 2023 ORDER TIME : 10:43 AM ORDER NO. : 518062-088 CUSTOMER NO: 8378148 CHANGE OF AGENT TAW TAMPA SERVICE CENTER REAL NAME: ESTATE, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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	ame of the limited liability company: TAW TAMPA SE	RVICE	CENTER	REAL ESTATE, LLC		
2.	(a)	6312 78TH ST.	(b) P.O. BOX 3381				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	/	Mailing address of limit		_
		RIVERVIEW, FL 33578	_	TAMPA	x, FL 33601		_
		01/02/2020	_	L200000	000797		_
3.		Date of filing/registration in Florida	4.		Document number	•	
5. (a	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			tate:		
		1200 SOUTH PINE ISLAND RD				er; 2023 FEi	
		PLANTATION FL_	33324	324			٠,
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company NEW Registered Office Address:			_	MI 9: 37	
		1201 Hays Street					
		Tallahassee, FL_	32301				
cha age was	nge nt w ⊬we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities.	egistere pility cou the lim	d office a mpany, it ited liabil	and the business offici- is hereby confirmed ity company or as other	e of the registered that the change(s)	e
	\mathcal{X}	(el E. C. Que	Jill C	Cilmi, Auth	horized Person		_
		are of a member or authorized representative of a member			Printed or typed name	-	
pro the to n	visio obli iere	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	erforma	nce of mi	v duties, and Lam Yan	niliar with and accent	•
<u>J</u> Sigi		Maca CAMO Grace E. Kirby, Asst. Vice of Registered Agent	Preside	nt			