120000000197

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
unils				

Office Use Only



100439036231



BILAIS TA BESCAHAJJAI

2024 DEC 20 AH 8: 21



iis N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:12/19/2024
Name: Cheyanne Davis
Reference #:
Entity Name: TAW TAMPA SERVICE CENTER REAL ESTATE, LLC
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: \$25
Signature: Chymc Pain.

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:	WAT	TAMPA SEI	RVICE CENTER REAL ESTATE, LLC	
2. (a)			(b)		
	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	250 Executive Center Drive, Suite 2	201		250 Executive Center Drive, Suite 201	
	Greenville, SC 29615			Greenville, SC 29615	
	1/2/2020			L2000000797	
3.	Date of filing/registration in Florida		4.	Document number	
5. (a)	CORPORATION SERVICE	COMPAN	1Y	102H	
υ. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			C 20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1201 HAYS ST				
	TALLAHASSEE	, FL_	3230		
(b)	Cogency Global In	nc.		>	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:				
	Tallahassee	, FL_	3230	1	
the cha agent v was/we	inge or changes are made, the Florida street ac will be identical. Or, in the case of a Florida l	ddress of t imited lia embers of	he register bility comp `the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.	
	/s/ Wesley Paul			Wesley Paul	
Signa	ture of a member or authorized representative of a mem	ber		Printed or typed name of signee	
I here provisi du obl	by accept the appointment as registered agen- ions of all statutes relative to the proper and c ligations of my position as registered agent or	t and agre complete j	e to act in performanc Tax in Cha	this capacity. I further agree to comply with the e of my duties, and I am familiar with and acceptore 605. F.S. Or if this document is being filed	

provisions of all statules 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 change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary