(Requestor'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:					
J. _{Ma}					
FEB 28 DZ3					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 518062 8378148					
AUTHORIZATION: Sould le man					
COST LIMIT : \$ 25.00					
ORDER DATE : February 23, 2023					
ORDER TIME : 10:41 AM					
ORDER NO. : 518062-078					
CUSTOMER NO: 8378148					
CHANGE OF AGENT					
NAME: TAW LAKELAND TFSREAL ESTATE, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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.

i. Na	ame of the limited liability company:TAW LAKEL	AND TFS RI	EAL ESTA	TE, LLC	
2. (a)	6312 78TH ST.	(h	(b) P.O. BOX 3381		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	RIVERVIEW, FL 33578		TAMPA, I	FL 33601	
7	01/02/2020 Date of filing/registration in Florida		L2000000	0876 Document number	
3.	Date of Himpregistration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STRE			- -7	
	1200 SOUTH PINE ISLAND ROAD #250		•	923 F	
	PLANTATION	.FL_33324		2023 FEB 27 / SECNE FARY OF ALLIAN ASSEE.	
(b)	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company	ered Office ado	ress:	MILL 25	
	NEW Registered Office Address:	•		- -	
	1201 Hays Street			_	
	Tallahassee	32301 FL			
change agent v was live he arti he rovisi he obli o mere	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited at the identical of the member of authorized by an affirmative vote of the member cles of organization or the operating agreement of the unit of a member or authorized representative of a member of all statutes relative to the proper and completing to the proper and completing to the proper of the position as registered agent as proving the reflect a change in the registered office address. If in writing of this change.	the registered liability corrs of the limited	d office and npany, it is ted liability ability comilimi, Autho	d the business office of the registered shereby confirmed that the change(s) we company or as otherwise provided in apany. rized Person Printed or typed name of signce active. I further agree to comply with the	
\mathcal{N}	Grace E. Kirby. Asst.	Vice Presid	ent		
	re of Registered Agent				