L20000001205

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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:12/19/2024					
Name: Cheyanne Davis					
Reference #:					
Entity Name: TAW JACKSONVILLE 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:					

F: +852.2682.9790

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. N	ame of the limited liability company:TAW JAC	KSONVIL	LE SERVICE CENTER REAL ESTATE, LLC		
2. (a)					
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	250 Executive Center Drive, Suite 201		250 Executive Center Drive, Suite 201		
	Greenville, SC 29615		Greenville, SC 29615		
	1/2/2020		L2000001205		
3.	Date of filing/registration in Florida	- 4.	Document number		
5 463	CORPORATION SERVICE COMPA	NY			
5. (a)	Registered Agent and Registered Office shown on the records of		Dept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)			
	1201 HAYS ST				
	TALLAHASSEE FI.	32	301		
	Cogonou Global Inc				
(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:				
			ΛD.		
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:		SECLLARIA TALLARIA		
			PH PH		
	Tallahassee FI	32	301 E.S. 2:		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regist ability cor of the limi	State of Florida, it is hereby configured that after tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
	/s/ Wesley Paul		Wesley Paul		
•	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	oby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ad in writing of this change.	ree to act performa d for in C hereby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
	/s/ Michael Carlisle				

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

Signature of Registered Agent Michael Carlisle, Assistant Secretary