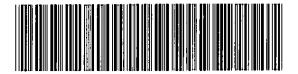
L20000336733

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



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2021 AUG 28 AH 10: 27

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RAKOlch8

AUG 24 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 972206 7962326

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 23, 2021

ORDER TIME : 1:25 PM

ORDER NO. : 972206-005

CUSTOMER NO: 7962326

CHANGE OF AGENT

NAME: TBDJR, 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. N	ame of the limited liability company: TBDJR, LLC						
2. (a)		(h)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	418 BRAZILIAN AVE		418 BR	418 BRAZILIAN AVE			
	PALM BEACH, FL 33480	 -	PALM B	EACH, FL 3348	0		
	10/19/2020		L2000033	36733			
3.	Date of filing/registration in Florida	4.	-	Document nur	nber		
5. (a)							
. (u)	Registered Agent and Registered Office shown on the records o D'AGOSTINO, THOMAS B, JR.	t the Florid	a Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES	<u> </u>	_			
	418 BRAZILIAN AVE		_				
	PALM BEACH . F	33480				2021 AUG 25	
				_			
(b)	Enter name of NEW Registered Agent and/or NEW Registere			_		22	- F2/9
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office ac</u>	<u>ldress</u> :				₹i
	Corporation Service Company				•	AH 10: 27	
	NEW Registered Office Address:			_	• • •	27	
	1201 Hays Street	,	_			_	
	Tallahassee	32301					
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin e limited l	ed office arompany, it nited liabili liability con	nd the business of is hereby confirm ty company or a	office of med that	the regi	stered nge(s)
<i>[s/</i> T	om Stubbs	Tor	n Stubbs	D			
I here provisi the obl to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. If in writing of this change.	ree to act performed of for in (hereby co	in this cap ance of my Thapter 60. Onfirm that	Printed or typed pacity. I further duties, and I an 5, F.S. Or, if the the limited liab		-	with the nd accept eing filed is been

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