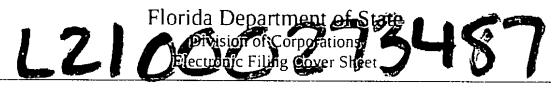
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Entar the email address for this business entity to be used for future പ്രൂപ്പ് report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE TP PARTNERS, LLC

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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. 8	lame of the limited liability company:		
2. (a		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/11/2021		0273487
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, INCORP SERVICES, INC.		
<i>J.</i> (a	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	3458 LAKESHORE DRIVE		
(b)	TALLAHASSEE	32312	
	Northwest Registered Agent LLC		SECON
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APPR APPR JUL 10
	7901 4th St N		TILED SECURITION OF SECURITION
	NEW Registered Office Address:		
	STE 300		🚆
	St. Petersburg , FL	33702	
the chagent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered bility compan f the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in
- # :	consideration	Robin Jane	25
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ol to me:	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete polications of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ce to act in thi performance of I for in Chapta pereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
~ / V	Taylor Newman - Assistant Se	cretary	

Signature of Registered Agent