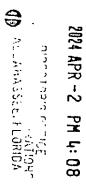
(Re	questor's Name)	
	W-7221	
(Ad	dress)	
	dress)	
(244)	ui ess)	
(Cih	y/State/Zip/Phone #)	
(5%)	y Grand Elphi Horio wy	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filin	g Officer:	
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	~ 1. ~ <sub>^</sub>	
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Office Use Only



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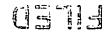








2024 APR -2 AMI: 18





115 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 Patrice at 850-202-9071

Date:	04/02/2024	
Name:	Patrice Rush	<del></del>
Reference #:	2323929	<u> </u>
Entity Name:	TMRBR MA	ANAGEMENT, LLC
☐ Article	es of Incorporation/Authorizatio	n to Transact Business
Amen	dment	
Change	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	Pall	·

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.	Na	ame of the limited liability company:	TMRBR	R MANAGEMENT, LLC
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)
		NO CHANGE		NO CHANGE
		8/4/2021		L21000351997
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	RABOLD, THOMAS M, JR.		
		Registered Agent and Registered Office shown on the records of the state of the sta		of State:
		Registered Office Address (MUST BE FLORIDA STREET A		
		1515 NE 26TH STREET, SUITE E		<del>.</del>
		WILTON MANORS FL_	33305	
				202 15
(b)		Cogency Global Inc.		
		Enter name of NEW Registered Agent and/or NEW Registered	Office address:	FILE 17 2024 APR -2
		115 North Calhoun Street, Suite 4		
		NEW Registered Office Address:	· · · ·	
				-
			_	<u> </u>
		Tallahassee , FL	32301	
the age wa	cha nt w s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered oblity company fithe limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		/s/ Thomas Rabold JR		Thomas Rabold JR
	_	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to i	visi obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is heing filed that the limited liability company has been
		/s/ Timothy Mayville		

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

Signature of Registered Agent