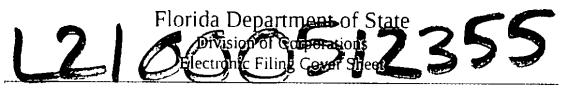
Division of Corporations



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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE TP SCHOOLHOUSE, 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. N	ame of the limited liability company:	.LC	
2. (a)		(b)	
(47	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/03/2021	L2100	00512355
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INCORP SERVICES, INC.		
υ. (α)	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	3458 LAKESHORE DRIVE		
	TALLAHASSEE FL	32312	
(b)	Northwest Registered Agent LLC		23 JU
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	APPR FIL 10 SETABLESS
	7901 4th St N		NO PH
	NEW Registered Office Address:		
	STE 300		35
	St. Petersburg , FL	33702	<u>.</u>
the chagent was/w the art	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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law for t	the registered bility compar f the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	nuic of a member or authorized representative of a member		Printed or typed name of signce
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	verformance :	of my duties, and I am familiar with and accept
<i> ا اس</i>	Taylor Newman - Assistant Se	cretary	