Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000033288 3)))



H250000332893ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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

Email Address: corpfilings@fishertousey.com

LLC REGISTERED AGENT CHANGE TAC SOLUTIONS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2025 JAN 28 AM 8: 50
SECRETARY OF STATE
FALL ARASSET FLORIDA

בורה D

| 2025 JAN 28 PH 4: 04

77

TT:

H25000033288 3

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.

L. Na	ume of the limited liability company: TAC SOLUTION	NS GRO	UP	LLC			
2. (a)	2510 CODY DR		(b) 2510 CODY DR				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing a			ddress of limited hability company: MAY BE POST OFFICE BOX)	
	JACKSONVILLE, FLORIDA 32223		-	JACKSO	NVILLE, FL	ORIDA 32223	
	JUNE 30, 2022		- L.	2200029 <i>6</i>	5086		
3.	Date of filing/registration in Florida	4.			Document	number	
5. (a)	JONATHAN R. POTTER						
ıtı	Registered Agent and Registered Office shown on the records of 2510 CODY DR	the Flori	da D	ept. of Sta	nte:		
	Registered Office Address (MUST BE FLORIDA STREET	4DDRES	SSV				
	JACKSONVILLE	32223				2025 J SEOR	
	FT CORPORATE SERVICES, LLC				_	FILED 1025 JAN 28 AM SECRETARY OF FALL MHASSEL. I	
	Enter name of NEW Registered Agent and/or NEW Registered	I Office a	ddr	<u>ess</u> :			
	501 RIVERSIDE AVENUE, SUITE 700					21.5 - 8	
	NEW Registered Office Address:					90. 116. 20	
	JACKSONVILLE , FI	32202					
change agent v was/wo the arti	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of the operating agreement of the walkan R. Potter	ws of the register ability confither linited	red omj nite Tial	office ar pany, it i ed liabili oility cor	nd the busine is hereby cor ty company	ess office of the registered nfirmed that the change(s)	
Signary.	nmasta manber or authorized representative of a member	-			Printed or ty	ped name of signee	
provisio the obli to mere notities	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. If the writing of this change.	ce to ac perform d for in hereby c	a in tane Cha :onf	this cap re of my yver 60, irm that	pacity. I furt duties, and i 5. F.S. Or, i the limited l	her agree to comply with the Lam familiar with and accep T this document is being filed liability company has been	
Signatui	But Representative						