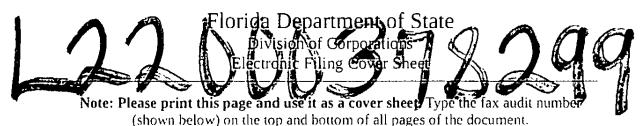
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Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206

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

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## LLC REGISTERED AGENT CHANGE TALLY GG1 LLC

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M. SOLOMON

JUN 14 2024

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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.

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)
	08/31/2022		000378299
<b>3</b> .	: Date of filing/registration in Florida	- 4. <del></del>	Document number
	INCORP SERVICES, INC.	7,	o control name
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	3458 LAKESHORE DRIVE		
•	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	TALLAHASSEE , FI	32312	<del>ت</del>
		·	<del></del>
(b)	NORTHWEST REGISTERED AGENT LLC		<del></del>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	
	7901 4TH ST N		67 :4 514.
	NEW Registered Office Address		<del></del> 9 3H
	STE 300		
	ST. PETERSBURG	33702	
change ngont w was/wo he arti	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the State e registered of ability compa of the limited c limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
//	ure of a member of authorized representative of a member	Nat Smit	Printed or typed name of signee
	are of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide thy reflect a change in the registered office address, I	ree to act in th	is canacity. I further garge to comply with the
i heret	one of all elatidge rainling to the proper and complete	e performance	oj my auties, ana i am jamuiar with ana accepj