

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

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OFFICE OF THE STATE CORPORATION COMMISSIONER FLORIDA

2023 FEB 28 PM 2:06

**LLC REGISTERED AGENT CHANGE
 TGHFL 532 DUVAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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. Name of the limited liability company: TGHFL 532 DUVAL LLC

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company: 51 Coffeen Avenue Suite 101-283 Sheridan, WY 82801

3. Date of filing/registration in Florida: 09/09/2022 4. Document number: L22000395490

5. (a) HIDALGO-GATO & ASSOCIATES PA Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2304 BAY VILLAGE CT Registered Office Address

WEST PALM BEACH, FL 33410

(b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N STE 300 St. Petersburg, FL 33702

2023 F-328 PM 2:05

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Robin Jones Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary Signature of Registered Agent