124000031257

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
JOH . S					
JBM 1 0 1924 -					

Office Use Only



500429761545

1924 JUNI 8 PH 1: 19

-- -: ED

2024 JUN 18 AM 11: 09

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	me of the limited liability company:TAF WPB HO	LDINGS LLC		
2. (a)		(b)	-	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 Mary Street Suite 302		3310 Mary	Street Suite 302
	Coconut Grove, FL 33133	 -	Coconut G	rove, FL 33133
	01/18/2024	l	_24000031:	257
3.	Date of filing/registration in Florida			Document number
- ()				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:	
	NRAI SERVICES, INC.		·	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1200 SOUTH PINE ISLAND ROAD			2024 JUH 18
	PLANTATION	33324 FL		8 PH D
		·		· 63 · · · · · · · · · · · · · · · · · · ·
(b)				- 19
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	FL_32301		
change agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the second or the second o	he registered liability con s of the limit he limited lia	l office and ipany, it is led liability ibility com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	nture of g member or authorized representative of a member			Printed or typed name of signee
	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provided why reflect a change in the registered office address, and in writing of this change.	igree to act i te performat ded for in Ci I hereby cor	n this capa nce of my d napter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	Linas L. Kuby ure of Registered Agent	GRACE E	. KIRBY, A	ASST. VICE PRESIDENT