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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	TCB SOLUTIONS LLC					
	Name of Limited Liability Company					
Dear Sir or Mad	am:					
The enclosed Re	gistered Agent/Registered Office	e Change a	nd fee(s) are submitted for filing.			
Please return all	correspondence concerning this	matter to t	he following:			
Michael Serrano						
	Name of Person					
ZenBusiness Inc.						
	Firm/Company					
336 E. College Av	ve. Suite 301					
	Address					
Tallahassee, FL 33	2301					
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code					
ra@zenbusiness.c	com					
E-mail add	ress: (to be used for future annua	l report no	tification)			
For further infor	mation concerning this matter, pl	ease call:				
Michael Serrano		844 at (493-6249			
]	Name of Person		Area Code & Daytime Telephone Number			
Registra Divisior P.O. Bo	Address: ation Section of Corporations x 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed	d is a check for the following ar	nount:				
■ \$25 F	iling Fec	0	\$55 Filing Fee & Certified Copy			

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	lame of the limited liability company: TCB S	OLU	TIONS	SLLC
2. (a)	3509 SE 19TH AVE		(b) 3509 S	E 19TH AVE
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CAPE CORAL, FL 33904		CAPE	CORAL, FL 33904
	05/20/2024		1.240002	33533
3.	Date of filing/registration in Florida	4.		Document number
5. (a	WHITE, CARYN			
J. (u	Registered Office Address (MUST BE FLORIDA STREET ADDR			
	3509 SE 19TH AVE			
	Registered Office Address (ST BE FLORIDA STREET ADDRESS)			
	CAPE CORAL , FL	3390	<u>+</u>	2024 JUN 26
(b)	ZenBusiness Inc			N 26
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			m _C > II
	336 E. College Ave. Suite 301			AM 10: 39 E. FLORIDA
	NEW Registered Office Address:			DE DA
	Tallahassee, FL_	32.	301	
chang agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law.	register bility c f the lir	red office ompany, i nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	Caryn White			Caryn White Printed or typed name of signee
I here provis the ob to mer notifie	the atture of a member or authorized representative of a member or by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in	ee to ac perforn for in ereby c	t in this co nance of m Chapter 6 confirm the	unacity. I further garee to comply with the