

L24000233533

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(Address)

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(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 JUN 26 AM 10:39

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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.

1. Name of the limited liability company: TCB SOLUTIONS LLC

2. (a) 3509 SE 19TH AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
CAPE CORAL, FL 33904

(b) 3509 SE 19TH AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CAPE CORAL, FL 33904

3. 05/20/2024 Date of filing/registration in Florida

4. 124000233533 Document number

5. (a) WHITE, CARYN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3509 SE 19TH AVE
Registered Office Address (ST BE FLORIDA STREET ADDRESS)
CAPE CORAL, FL 33904

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

(b) ZenBusiness Inc
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
336 E. College Ave. Suite 301
NEW Registered Office Address:
Tallahassee, FL 32301

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.

Is/ Caryn White Signature of a member or authorized representative of a member

Caryn White Printed or typed name of signee

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

[Signature]
Signature of Registered Agent