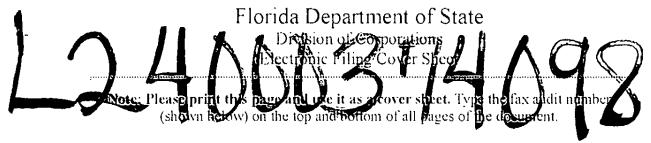
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Division of Corporations



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LLC REGISTERED AGENT CHANGE TSS RESIDENTIAL LLC

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M. SOLOMON

SEP 1 1 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.

1. Na	ame of the limited liability company: TSS RESIDENTI	AL LLC	:	
2. (a)	3670 MAGUIRE BLVD STE 104		3670 MA	GUIRE BLVD STE 104
- 1,)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ `	··/	Mathing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32803	_	ORLANI	DO, FL 32803
	08/26/2024	_	1.2400037	4098
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MEAH, SANJAR			
,	Registered Agent and Registered Office shown on the records of to 3670 MAGUIRE BLVD STE 104	the Florid	a Dept of Sta	te
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 의문인
	ORLANDO , FL	32803		2024 SEP III SECRETARI TALLAHA
(b)	WILLIAM R. LOWMAN, JR, ESQ. Enter name of NEW Registered Agent and/or NEW Registered Office address SHUFFIELD, LOWMAN & WILSON, P.A.			TARY OF STATE ANNASSEE, FL
	NEW Registered Office Address			
	1000 LEGION PLACE, STE 1700			_
	ORLANDO FL.	32801		_
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawar Meah.	register bility co f the lin limited	ed office ar ompany, it i tited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete parties of my position as registered agent as provided ely reflect a change in the registered office address. I have a change of this change.	ze to ac perform I for in (ereby c	t in this cap ance of my Chapter 60 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited hability company has been
Signatu	re of Registered Agent			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00