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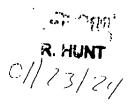
| (Requestor's Name)                                 |
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| (City/State/Zip/Phone #)                           |
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| PICK-UP WAIT MAIL                                  |
|  |
| (Business Entity Name)                             |
| (Dusiness Likely Notice)                           |
|  |
| (Document Number)                                  |
|  |
| Certified Copies Certificates of Status            |
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|  |
| Special Instructions to Filing Officer:            |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 278620 18436983

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 19, 2024

ORDER TIME : 9:26 AM

ORDER NO. : 278630-020

CUSTOMER NO: 8436983

## CHANGE OF AGENT

NAME: TSG INTERNATIONAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## 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.

| . Na                     | ame of the limited liability company: TSG INTERNA  | TIONAL,   | LLC   |   |  |                                  |  |
|--------------------------|--|---|---|---|--|----------------------------------|--|
| (a)                      | 17160-1 HAWKS NEST FT MYERS, FL 33908  | (b  | 211 Rive  | erhouse Rd SE B   | olivia, N                                  | IC 284                           | 422  |
| (11)                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability compan  (Note: MAY BE POST OFFICE BOX) |   |  |                                  |  |
|                          | 03/09/1998  Date of filing/registration in Florida   | <br>4.  | L9800000  | 0284  Document num  | har  |                                  |  |
| •                        | Date of filling/registration in Florida  | ₩.  |   | Document name   | UCI  |                                  |  |
|                          | Registered Agent and Registered Office shown on the records of the Florida Dept. of State  DOPPES, GARY  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  17160-1 HAWKS NEST  |   |   | e:<br>_   |  | 8825                             |  |
|                          | FT MYERS   | 33908   |   | _   | <u>.</u>                                   |                                  |  |
|                          |  |   |   | _   | . II.<br>(n " -                            | ယ်                               |  |
| (b)                      | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company   | l Office ad                                       | dress:  | - :<br>:<br>:<br>:  | STATE                                      | PH 4: 08                         | ym e<br>Ym e<br>Ym e                               |
|                          | NEW Registered Office Address:   |   |   |   |  |                                  |  |
|                          | 1201 Hays Street   |   |   | _   |  |                                  |  |
|                          | Tallahassee . FL   | 32301   |   | _   |  |                                  |  |
| iange<br>gent v<br>as/wo | imited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia-<br>cre authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the | registere<br>ability co<br>of the lim             | d office an<br>mpany, it is<br>ited liabilit                                | d the business of<br>s hereby confirm<br>y company or as                            | fice of t<br>led that                      | the reg<br>the ch                | gistered<br>lange(s)                               |
| /s                       | / Jill Cilmi   | orized Person                                     |   |   |  |                                  |  |
| Signat                   | ture of a member or authorized representative of a member  |   |   | Printed or typed na   | ame of sig                                 | ince                             |  |
| ovisi<br>e obl<br>mere   | by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I l<br>I in writing of this change.                              | ree to act<br>performa<br>d for in C<br>hereby co | in this cape<br>nice of my c<br>hapter 605<br>nfirm that                    | acity. I further a<br>duties, and I am<br>i, F.S. Or, if this<br>the limited liabil | igree to<br>familiar<br>docume<br>ity comp | comp<br>with<br>ent is<br>cany l | ly with the<br>and accep<br>being filed<br>as been |
| <u> </u>                 | Irace C-Kuby Grace E. Kirby. Asst. Vice  | Presiden  | t   |   |  |                                  |  |
| gnatu                    | re of Registered Agent   |   |   |   |  |                                  |  |