MOY 000000 2637

| (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: |
| J. HORNE SEP 1 2024 |

Office Use Only



600435712846

2024 SEP 16 AH 9: 70 2024 SEP 16 F

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - ^*

Ext: x61563 Date: 09/16/24 Order #: 1624440-1

Re: TVR COMMUNICATIONS LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: 120000000195

wis de man

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| | gistration Section ision of Corporations | | | | |
|-------------------|--|------------------------------------|--|--|--|
| SUBJECT: | TVR Communications LLC | | | | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or | Madam: | | | | |
| The enclose | d Registered Agent/Registered Off | ice Change and fo | ee(s) are submitted for filing. | | |
| Please return | n all correspondence concerning th | is matter to the fo | ollowing: | | |
| Linda Weitr | nan | | | | |
| | Name of Person | | _ | | |
| Uniguest In | c-TVR Communictions LLC | | | | |
| | Firm/Company | | _ | | |
| 2926 Kraft I | Drive | | _ | | |
| | Address | | _ | | |
| Nashville, T | N 37204 | | | | |
| | City/State and Zip Code | | _ | | |
| pcaretax@u | uniguest.com | | | | |
| E-mail | address: (to be used for future ann | ual report notific | ation) | | |
| For further i | nformation concerning this matter, | please call: | | | |
| Linda Weitn | nan, Sr Acct | 615 at (| 610-4719 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| Reg Div P.O | iling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enc | losed is a check for the following | amount: | | | |
| □ s | 25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

-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.

| . (a) | 2926 Kraft Drive, Nashville TN 37204 | (b) 25 | 926 Kraft Drive, Nashville TN 37204 |
|--------------------------|--|---|---|
| - (/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | not sure | — — | 4000002637 |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | Mark Cortina | | |
| , | Registered Agent and Registered Office shown on the records of 1471 SW 12th Avenue, Pompano FL 33069 | ot. of State: | |
| | | | |
| | , F | L | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office addres | FILED 2024 SEP 16 AM -F |
| | Corporation Service Company | | , i i i |
| | NEW Registered Office Address: | | |
| | 1201 Hays Street | | |
| | Tallahassee, FI | 32301 L | |
| nange gent w as/we | mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registered of ability compa of the limited | ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided i |
| Linda Weitman Lind | | | /eitman, Sr Acct |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| ovisic e obli mere | on accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change. | ree to act in to performance d for in Chap hereby confir | his capacity. I further agree to comply with to of my duties, and I am familiar with and acc over 605, F.S. Or, if this document is being fil om that the limited liability company has been |

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

COA-9841

Shauna Godbolt