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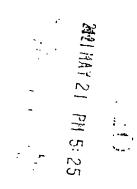
(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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O SIMMONS Jun 24 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975-038

Re: TC VENTURE 1, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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.

l. Na	me of the limited liability company: TC VENTURE 1	, LLC					
2. (a)	7807 Baymeadows Road East	(b)	-		•	
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limite (Note: MAY BE POS			•
	Suite 205						
	Jacksonville, FL 32256						
	04/09/2010		M1000000	1659			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Feldman & Mahoney, P.A.						
/. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	la Dept. of State	_ e:		244 245	
	2240 Belleair Road, Suite 210				- '.	加州國	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRES	<u>(S)</u>	-		MY 21	
	Clearwater . FL	33764		- -	rş	里切	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ac	Idress:	-	•	; a v	
	NEW Registered Office Address:	_		-			
	1201 Hays Street			-			
	Tallahassee FL_	32301					
hange gent w vas/we. he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the laward E. Burr	register bility co f the lim imited l	ed office and ompany, it is nited liability	I the business office hereby confirmed to company or as other pany.	of the	register change	ed (s)
	are of a member or authorized representative of a member		valu E. Duli	Printed or typed name of	af sioner		
l hereb rovisió he obli o mere otified	y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	erforme for in (ereby co orporat	ance of my a Thapter 605, onfirm that to ion Service	wity. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	to co	malicieii	th the accept filed ren