| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| , , , , ,                               |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| 75 F. St. M                             |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer. |  |  |  |  |
| , ,                                     |  |  |  |  |
| LUODNE                                  |  |  |  |  |
| J. HORNE                                |  |  |  |  |
| JAN 16 2025                             |  |  |  |  |
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| ACCOUNT NO. : I200                              | 00000195   |  |  |  |  |
|---|------------|--|--|--|--|
| REFERÊNCE : 8632                                | 59 8357615 |  |  |  |  |
| AUTHORIZATION :                                 | pulle rom. |  |  |  |  |
| COST LIMIT : \$ 25                              |            |  |  |  |  |
| ORDER DATE : December 30, 2024                  |            |  |  |  |  |
| ORDER TIME : 9:33 AM                            |            |  |  |  |  |
| ORDER NO. : 863259-006                          |            |  |  |  |  |
| CUSTOMER NO: 8357615                            |            |  |  |  |  |
|   |            |  |  |  |  |
| CHANGE OF AGENT                                 |            |  |  |  |  |
|   |            |  |  |  |  |
| NAME: TAH FLORIDA LLC                           |            |  |  |  |  |
| NAME. IAI: FOOTDA DOC                           |            |  |  |  |  |
|   |            |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |            |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY           |            |  |  |  |  |
| CONTACT PERSON: Shauna Godbolt                  |            |  |  |  |  |

EXAMINER'S INITIALS:

## 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. N                                 | ame of the limited liability company:TAH FLORID   | A LLC  |  |
|--------------------------------------|---|--|--|
| 2. (a)                               | 15771 Redhill Avenue Suite 100  | (b)  |  |
| ()                                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                                      | Tustin, CA 92780  |  |  |
|                                      | 07/31/2014  | M14  | 4000005453   |
| 3.                                   | Date of filing/registration in Florida  | 4.   | Document number  |
| 5. (a)                               | C T Corporation System  |  |  |
| J. (a                                | Registered Agent and Registered Office shown on the records   | of the Florida Dep   | nt. of State:  |
|                                      | 1200 South Pine Island Road   |  |  |
|                                      | Registered Office Address (MUST BE FLORIDA STREE  | <del> </del>   |  |
|                                      |   |  | <b>2</b> 025   |
| •                                    | Plantation  | 33324<br>FL  |  |
|                                      |   |  | <u></u>  |
| (b)                                  | Enter name of NEW Registered Agent and/or NEW Register  |  | البيا .  |
|                                      | Enter name of NEW Registered Agent and/or NEW Register  | red Office addres  |  |
|                                      | Corporation Service Company   |  | <u>5</u>   |
|                                      | NEW Registered Office Address:  |  |  |
|                                      | 1201 Hays Street  |  |  |
|                                      | Tallahassee   | FL_32301   |  |
| chang<br>agent<br>was/w              | limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street was to be a superior or the operating agreement of the street was to be a superior or the operating agreement of the street was to be a superior or the operating agreement of the street was | laws of the Star<br>he registered o<br>liability compa<br>s of the limited<br>he limited liabi | ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.   |
|                                      | Wissam Francis  | Wissam   | Francis, Chief Financial Officer   |
| I here<br>provis<br>the ob<br>to men | ature of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a change in the registered office address, and in writing of this change.  | tie performance<br>ded for in Chap<br>I hereby confir<br>Corporation                           | Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been Service Company oer, Asst. Vice President |
| Signat                               | ure of Registered Agent   | Attiti IVI. Cas  | ser, risse. The Hesidelik  |