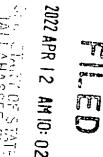
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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RAIRCKHS

APR 13 70TZ ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 614689 8198305

AUTHORIZATION :

COST LIMIT : \$ (25.00

ORDER DATE: April 11, 2022

ORDER TIME : 1:26 PM

ORDER NO. : 614689-013

CUSTOMER NO: 8198305

<u>CHANGE OF AGENT</u>

NAME: TACG, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

2. (a)	1430 Oak Court	(b)	1430 Oak	Court				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	STE 100			STE 100					
	BEAVERCREEK, OH 45430			BEAVERC	CREEK, OH 45430				
	07/17/2015		!	M15000005	5635				
3.	Date of filing/registration in Florida	4.	_		Document	number	•		
5. (a)	Vikan, Todd								
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 96039 Ocean Breeze Drive				:	<i></i>	2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					OZZ APF	2022 APR 12		
	Fernandina Beach	FL_32034	32034			SO Th			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				SEE, F		AM 10: 02		
	Tracer name of NEW Registered Agent and/or NEW Reg	gistered Office ac	901	<u>'ess</u> :			02		
	Corporation Service Company								
	NEW Registered Office Address:								
	1201 Hays Street								
	Tallahassee	, FL32301							
:hange igent w vas/we	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memoricles of organization or the operating agreement of	of the register ited liability co ibers of the lin	ed om nit	office and pany, it is it ed liability	the busine hereby con company of	ss office of firmed that	the reg the ch	gistered ange(s)	
	/S/ Sarah MacMaster			Sarah MacMaster, Authorized Person					
Signat	ure of a member or authorized representative of a member		_		Printed or typ	ed name of sig	gnee		

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

Grace E. Kirby, Asst. Vice President