## M16000010422

(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.							
Special instructions to mining Officer.							
J DENNIS							
JUL 1 3 2023							

Office Use Only



100411029051





## 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.	Name of the limited liability company:	TAURAI	NTS, LLC			
2. (a	)	(b	)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ("	(b)			
	2915 PEACHTREE RD. NÉ ATLANTA, GA 30305		2915 PEA	ACHTREE RD. NE A	ATLANTA, C	SA 30305
	12/27/2016	. <del>_</del>	M1600001	0422		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of t Emmert, Myles Registered Office Address (MUST BE FLORIDA STREET A 399 BW 11TH AVE.	 re: 	20	· SF		
	BOCA RATON	33486		-	2023 JUL 17	13.2
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company <u>NEW Registered Office Address</u> :  1201 Hays Street			-	7 AH 8: 50	OF SINIE
	Tallahassee FL_	32301		-		
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the I	registere bility cou f`the limi	d office and mpany, it is ited liability	d the business office s hereby confirmed the y company or as other	of the regis	stered ige(s)
/s/ N	fark S. Monroe	Marl	s S. Monroe	е		
Signature of a member or authorized representative of a member				Printed or typed name of signee		
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	ee to act performa for in C ereby co	in this cape nce of my c hapter 605 nfirm that t	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	e to comply iliar with ar ument is be company ha	with the ad accept ing filed s been
<u>,                                    </u>	Inace Cokubly					
Signal	ture of Registered Agent					