M19000001610

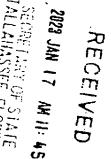
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/17/2023	
Name:	Merritt Walker	
	1884106	<u></u>
	TF VER	O BEACH FL LLC
	es of Incorporation/Authorizati	
☐ Amen	dment	
✓ Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
	¢35	
Authorized A	.mount: \$25	
Signature: _	mw	

F: 800.944.6607

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. 1	Name of the limited liability company:TF VERO	BEACH FL LL	_C				
2. (a	5407 Trillium Roulovard Suita R120		(b) 5407 Trillium Boulevard Suite B120				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Hoffman Estates IL 60192	Hof	fman Estates IL 601	92			
	February 14, 2019		M19000001610				
3.	Date of filing/registration in Florida	4.	Document numbe	r			
5. (a) CT Corporation System						
	Registered Agent and Registered Office shown on the records (of the Florida Dept.	of State:				
	1200 South Pine Island Road		20				
	Registered Office Address (MUST BE FLORIDA STREE		23				
				AN STATE			
	Plantation	FL_33324		2023 JAN 17			
(b)		· ··		3 JAN 17 AM 9: 47			
	COGENCY GLOBAL INC.		ع 🚉				
	Enter name of NEW Registered Agent and/or NEW Register		5				
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:						
	Tallahassee	_{FL} 32301					
the c agen was/	climited liability company is not organized under the lange or changes are made, the Florida street address twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registered Tiability compan s of the limited li he limited liabilit	office and the business of its hereby confirmed tability company or as of ty company.	office of the registered I that the change(s)			
/s/ Luke Valentino		Luke Vale					
_	nature of a member or authorized representative of a member	, r	Printed or typed nam				
prov. the o to me	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provic arely reflect a change in the registered office address, ted in writing of this change.	igree to act in thi ite performance o ded for in Chapte Thereby confirm	is capacity. I further agi of my duties, and I am fa er 605, F.S. Or, if this d i that the limited liability	ree to comply with the miliar with and accept ocument is being filed vecmpany has been			
/s/	Timothy Mayville						

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent