M19000001623

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entry Name)							
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Account#: I20000000088

Date:	01/17/2023	_		
	Merritt Walk	er		
	#: 188410			
	e: TF		ISLAND FL LLC	
☐ Artic	les of Incorporation/Ar Indment Inge of Agent			
_	statement version			
☐ Mero	ger olution/Withdrawal			
	tious Name er			
	Amount:	\$25 mw		

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.

i.	Na	me of the limited liability company:TF MERRIT	T ISLAI	ND FL LLC) 	
2. (a)	5407 Trillium Boulevard Suite B120	(b) 5407 Trillium Boulevard Suite B120			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ''		tailing address of limited lin (Note: MAY BE POST O	ability company:
		Hoffman Estates IL 60192		Hoffman	Estates IL 60192	
		February 14, 2019		M1	19000001623	
3.		Date of filing/registration in Florida	- 4.		Document number	
_		CT Corporation System				
5.	(a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:		
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A	1DDRESS	1	•	20
						23
		Plantation, FL	33324		YALL HASSIE	2023 JAN 17
- (b)	COGENCY GLOBAL INC.				1 AH 10: 05
,	(,,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		5 5		
		115 North Calhoun St., Suite 4				05
		NEW Registered Office Address:		-,		
		Tallahassee	32301			
the ager	cha it v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability co f the lim	tered office mpany, it is ited liability	and the business offic hereby confirmed that company or as othery	re of the registered the change(s)
		ıke Valentino	Luke	Valentino		
	_	ture of a member or authorized representative of a member			Printed or typed name of s	-
I he prov the to n to n	rei visi obl ier fiec	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I'm writing of this change.	ec to act performe I for in C tereby co	in this capa ince of my d hapter 605, infirm that th	city. I further agree to uties, and I am familie F.S. Or, if this docume limited liability con	o comply with the ar with and accept nent is being filed npany has been
		mothy Mayville				
Sign	atu	re of Registered Agent				

Timothy Mayville, Assistant Secretary

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