M19000001637

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/17/2023				
Name:	Merritt Wa	lker			
Reference #	1884	106			
Entity Name	: T	F ORLANDO-S	OUTH FL LLC		
Article	es of Incorporation	/Authorization to Tra	ansact Business		
☐ Amer	ndment				
✓ Chan	ge of Agent				
Reins	statement				
Conversion					
☐ Merg	er				
☐ Dissolution/Withdrawal					
☐ Fictiti	ous Name				
Other	r				
Authorized A	Amount:	\$25			
Signature: _		mw			

•44 (0)20.3961.3080

. 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: TF ORLANI	DO-SOL	JTH 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)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Hoffman Estates IL 60192		Hoffman Estates II	L 60192		
	February 14, 2019		M190000016	637		
3.	Date of filing/registration in Florida	4.	Document i	number		
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					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	7		2023	
					2023 JAN	en . z li g
	Plantation	33324		7. E. S.	Z	· ÷ ⁴
(h)	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	dress:	75. T.	AM 9: 57	
	115 North Calhoun St., Suite 4				_	
	NEW Registered Office Address:					
	TallahasseeFI	32301				
the chagent was/was/was/was/was/was/was/was/was/was/	fimited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registability control of the limited l	stered office and the bus impany, it is hereby con ited liability company c iability company.	siness office ifirmed that i	of the r the char	registered ige(s)
	uke Valentino	Luke	· Valentino	ad unu e - t		
•	ature of a member or authorized representative of a member			oed name of sig		with the
поную	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act performe d for in C hereby co	an mis capacity, 1 furth ance of my duties, and f hapter 605, F.S. Or, it onfirm that the limited h	ner agree to I am familiar I this docume iability comp	comply with a ont is be oany ha	wun ine nd accept ring filed s been
/s/ T	imothy Mayville					

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent