Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE TVG PRODUCTS LLC

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To:

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.	Na	me of the limited liability company: 1VG PROBUCTS 3050 BISCAYNE BLVD STE 700, MIAMI, FL 33137		3050 HISC	TAYNE BLVD STE 700 B	MAMI	FL 33137	
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.		11/06/2019 Date of filing/registration in Florida	 4.		783 Document number			
_	/N	CORPORATION COMPANY OF ORLANDO						
5. (a) (b)	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	<u>SS)</u>	-		<u></u>	
		300 SOUTH ORANGE AVENUE, SUITE 1600				20	<u> </u>	
		ORLANDO FL	32801		-	SEP	SE SE	
		C T Corporation System					325	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		address:	·	FH 4: 35	F STATE	
		NEW Registered Office Address:					-	
		1200 South Pine Island Road			_			
		Plantation , FL	33324					
the age was	cha nt v	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members called of organization or the operating agreement of the	`the re ability of the l	gistered offic company, it i imited liabilit	e and the business office is hereby confirmed that ty company or as otherw	of the i the chai	registered ngc(s)	
	ſ	Howa FH ture of a member or authorized representative of a member	H	OWEN HERN				
					Printed or typed name of si			
pro the to n	visi obl ner	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not writing of this change. C T Corporation System	p er for id för i hereby	nct in this cap mance of my n Chapter 60, confirm that istant Secretary	oucity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply r with a lent is be lpany ha	with the nd accept eing filed is been	
Sig	natu	re of Registered Agent						