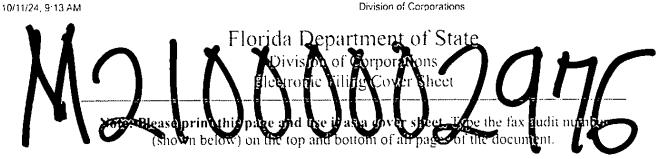
Division of Corporations



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE TSD RENTAL, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$55.00

M. SOLOMON OCT 1 4 2024

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To: Pege: 3 of 3 2024-10-11 07:17:52 CST 12122023573 From: David Thomes

## 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. No	ame of the limited liability company:			
2. (a)	1620 Tumpike Street		ъ) 1620 Тт	impike Street
2. (U)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	North Andover, MA 01845		North A	ndover, MA 01845
	03/15/2021	_	M210000	02976
3.	Date of filing/registration in Florida	-4.		Document number
5. (a)	REGISTERED AGENTS INC			
	Registered Agent and Registered Office shown on the records of t 7901 4TH ST N, STE 300			tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>:S)</u>	
	ST PETERSBURG , FL.	33702		2024 OCT   \$55 (125)
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	NEW Registered Office Address:			
	1200 South Pine Island Road			- G - G - G - G - G - G - G - G - G - G
	Plantation, FL_	33324		
the cha agent v was/we the arti Signa	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of identification or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	the regibility of the limited	istered off company, i mited liabi liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Printed or typed name of signee appacity. I further garge to comply with the
provisi the obl to mere notified By:	ions of all statutes relative to the proper and complete igutions of my position as registered agent as provided by reflect a change in the registered office address, 1 kd in writing of this change.  CT Corporation System	perfor. l for in tereby	nance of m Chapter 6 confirm the	apacture, in the state of the second of the