Ma3 00015118

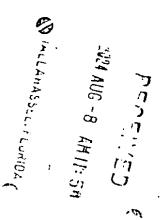
(Requestor's Name)
	Address)
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	Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
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Certifiea Copies	Certificates of Status
	
Special Instructions to I	Filing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



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 563642 8458090					
AUTHORIZATION :					
COST LIMIT : \$125.0					
ORDER DATE : July 25, 2024					
ORDER TIME : 9:06 AM					
ORDER NO. : 563642-117					
CUSTOMER NO: 8458090					
ORDER NO. : 563642-117					
CHANGE OF AGENT					
NAME: TSC SERVICES, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt					
EXAMINER'S INITIALS:					

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	ime of the limited liability company:		NY SERVICES, LLC
. (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)
	Brentwood, TN 37027		
	11/28/2023	M230	000015118
. (a)	Date of filing/registration in Florida C T Corporation System	4.	Document number
. (u)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	7.67.9
	Plantation, F	L33324	٠٠٠ دب
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office address:	:? <u>on</u>
	NEW Registered Office Address: 1201 Hays Street		
	Tallahassee, F	32301	
hange gent w /as/we ic artic	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the State e registered officability company of the limited limit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	oni Ellison	Noni Elliso	on, Authorized Person
	ure of a member or authorized representative of a member by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I Lin writing of this change.	ree to act in this performance of d for in Chapte hereby confirm Corporation Sc	Printed or typed name of signee s capacity. I further agree to comply with the f my duties, and I am familiar with and accep ir 605, F.S. Or, if this document is being filed that the limited liability company has been revice Company
	e of Registered Agent	Ami M. Casper	r, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00