Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE TGH FLORIDA LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	me of the limited liability company:		
(a) .	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of funited liability company: (Note: MAY BE POST OFFICE BOX)
	08/12/2024	٨	124000010307
	Date of filing/registration in Florida	4.	Document number
(a)	PERNIOLA, VICTORIA	at-1 en 1 a e	N
	Registered Agent and Registered Office shown on the records of 10875 OVERSEAS HWY., STE. 110	и пе вына г	rept of state:
	Registered Office Address	T ADDRESS)	
	MARATHON . 1	33050	202
(b)	REGISTERED AGENTS INC		
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	m: 20 E.E.
	7901 4TH ST N		2024 AUG 13 PM 12: 36
	NEW Registered Office Address:	- -	
	STE 300		
	ST. PETERSBURG	33702 L	
inge int w s/we artic	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited in authorized by an affirmative vote of the members cless of organization or the operating agreement of the	ne registered liability con cof the limit	I office and the business office of the registered inpany, it is hereby confirmed that the change(s), and liability company or as otherwise provided in
ラ .スー	In the Artist of properties of a member of a member	Robin	1 Jones
	ure of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid the reflect a change in the registered office address, i	gree to act i e performa led for in Cl Utereby cor	Printed or typed name of signee in this capacity. I turther agree to comply with the ice of my duties, and I am familiar with and acceptance 605, F.S. Or, if this document is being filed turn that the limited liability company has been