



(Requestor's Name)				
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(isaress)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2024 [FI] 20 PH 2: 10

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TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: TAW, INC.	
DOC	UMENT NUMBER: P08000081779	
		d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Name	of Contact Person	
Firm/	Company	
Addre		
City/S	State and Zip Code	
E-ma	il address: (to be used for future annua	l report notification)
For fi	irther information concerning this matter, j	please call:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florid tion organized under the laws of the State o e or registered agent, or both, in the State o	, f <u>FL</u>		
1. The name of	the corporation: TAW, INC.				
	office address: 6312 78TH STE	REET			
3. The mailing	address (if different):				
4. Date of incor	4. Date of incorporation/qualification: 09/04/2008 Document number: P08000081779				
5. The name an Florida Depa	id street address of the current re artment of State: (If resigned, ent	gistered agent and registered office on file ter resigned)	with the		
	CT CORPORATION SYSTE	M			
	1200 SOUTH PINE ISLAND ROAD UNIT 250				
	PLANTATION	FL 33324	2021		
6. The name and street address of the new registered agent (if changed) and // (if changed):			2021: 20 office		
	Corporation Service Compan	у	P		
	1201 Hays Street		?		
		P.O. Box, NOT acceptable	_ 10		
	Tallahassee	FL 32301	<u> </u>		
The street address changed will	ess of its registered office and t be identical.	he street address of the business office of	its registered agent.		
Such change wa authorized by the	as authorized by resolution dul- he board, or the corporation has	y adopted by its board of directors or by a s been notified in writing of the change.	n officer so		
/s/Jason Martii	n	Jason Martin	CFO		
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions and I am familiar with and accepting filed merely to reflect a chast been notified in writing of this province Company of this province Company of this province Company of the company of	Printed or typed name and agent and agree to act in this capacity of all statutes relative to the proper and cost the obligation of my position as registeringe in the registered office address. There is change.			
Corporation	n Service Company Godbott Miller of Registered Agent	07/29/2024			
	half of an entity:				
SHAUNA GODE	·				
	sped or Printed Name	_			
	* * * FIL	ING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
455534-30