(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only, December 1)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/19/2024			
	Cheyanne Davis	_		
Reference #	2559492	_		
Entity Name	TAW LAKE CITY	SERVICE CENTER, INC.		
☐ Article	es of Incorporation/Authorization	to Transact Business		
☐ Amer	ndment			
✓ Change of Agent				
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized A	Amount:\$35			
Signature:	Ohyma Paine			

F: +852.2682.9790

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

statement of change is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State ofFlorida			
in order to change its registere	d office or registered agent, or both, in the State of Florida. TAW LAKE CITY SERVICE CENTER, INC.			
1. The name of the corporation:				
2. The principal office address:				
	Greenville, SC 29615			
3. The mailing address (if different):	250 Executive Center Drive, Suite 201, Greenville, SC 29615			
4. Date of incorporation/qualification: _	1/2/2020 Document number: P20000000250			
5. The name and street address of the cu Florida Department of State: (If resig	nrent registered agent and registered office on file with the ned, enter resigned)			
COR	PORATION SERVICE COMPANY			
	1201 HAYS ST			
TALLAHASSEE, FL 32301				
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registered office			
	Cogency Global Inc.			
115 North Calhoun Street, Suite 4				
	P.O. Box. NOT acceptable			
	Tallahassee, Florida 32301			
The street address of its registered offi as changed will be identical.	ce and the street address of the business office of its registered agent.			
Such change was authorized by resolu authorized by the board, or the corpora	tion duly adopted by its board of directors or by an officer so thion has been notified in writing of the change.			
/s/ Wesley Paul	Wesley Paul, VP, Corporate Controller			
Signature of an officer or director	Printed or typed name and title VO D			
I further agree to comply with the prov of my duties, and I am familiar with ar	vistered agent and agree to act in this capacity. It is is sistered agent and agree to the proper and complete performance and accept the obligation of my position as registered agent. Or if this at a change in the registered office address, I hereby confirm that the			
/s/ Michael Carlisle	Nov. 21, 2024			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Michael Carlisle, Assistant Secre	etary			
Typed or Printed Name				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)