P2000000256

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(22,				
(Document Number)				
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Certified Copies Certificates of Status				
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2024 DEC 20 PH 12: 1

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/19/2024	
Name:	Cheyanne Davis	
Reference #	2559492	
		TAW IP, INC.
Article	es of Incorporation/Authoriza	ation to Transact Business
☐ Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictiti	ous Name	
☐ Other		
Authorized A	Amount: \$35	
Signature:	Chyma 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	607.0502, 617.0502, 607.1508, or 617.1508, Flo corporation organized under the laws of the Sta	te of Florida		
in order to change its register	red office or registered agent, or both, in the Stat TAW IP, INC.	iv oj r ioriaa.		
1. The name of the corporation:				
2. The principal office address:	250 Executive Center Drive, Suite	201		
	Greenville, SC 29615			
3. The mailing address (if different): _	ress (if different): 250 Executive Center Drive, Suite 201, Greenville, SC 29615			
4. Date of incorporation/qualification:	of incorporation/qualification: 1/2/2020 Document number: P2000000025			
5. The name and street address of the c Florida Department of State: (If resi	current registered agent and registered office on ligned, enter resigned)	file with the SECALLA		
СО	RPORATION SERVICE COMPANY			
	1201 HAYS ST	C 20		
	TALLAHASSEE, FL 32301	PH		
6. The name and street address of the (if changed):	new registered agent (if changed) and /or register	10 5		
	Cogency Global Inc.			
115 North Calhoun Street, Suite 4				
	P.O. Box NOT acceptable Tallahassee, Florida 32301			
The street address of its registered of as changed will be identical.	Tice and the street address of the business offic	e of its registered agent,		
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted by its board of directors or ration has been notified in writing of the chang	by an officer so		
/s/ Wesley Paul	Wesley Paul, VP, Co			
Signature of an officer or director	Printed or typed nam	ie and title		
I hereby accept the appointment as real further agree to comply with the proof my duties, and I am familiar with a document is being filed merely to reference corporation has been notified in writ	egistered agent and agree to act in this capacit ovisions of all statutes relative to the proper an and accept the obligation of my position as reg lect a change in the registered office address, I ing of this change.	'y. id complete performance istered agent. Or, if this ' 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 Sec	cretary			
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)