## P2000000262

	ı
(Requestor's Name)	
(Address)	:
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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+ 00 RER FEB 2 8 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95				
	REFERENCE	: 518062	8378148				
	AUTHORIZATION	: Souls ele	naan				
	COST LIMIT	: \$\int 35.00					
ORDER DATE : F	ebruary 23, 202	3					
ORDER TIME : 1	0:35 AM						
ORDER NO. : 5	18062-073						
CUSTOMER NO:	8378148						
CHANGE OF AGENT							
NAME:	TAW HOLDINGS (	GROUP, INC.					
PLEASE RETURN T		PROOF OF FILI	NG :				
XX PLAIN S	TAMPED COPY						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	nge is s	ubmitted for a cor	.0502, 617.0502, 60. poration organized t office or registered o	under the law	vs of the State of	f	this ———	-
1. The name of t	he com	oration: TAW HOL	DINGS GROUP,IN	C.				
			H ST. RIVERVIEW,					_
3. The mailing a	ddress	(if different): P.O.	BOX 3381 TAMPA,	FL 33601				_
4. Date of incorp	oration	/qualification: 01	/02/2020	Document n	umber: <u>P2000</u>	0000262		
		address of the curr of State: (If resigne	ent registered agent a d, enter resigned)	and registered	d office on file v	with the		
	сто	ORPORATION S	YSTEM					
	1200	SOUTH PINE ISL	AND ROAD #250			_		
	PLAN	TATION		FL	33324			
6. The name and (if changed):	l street :	address of the new	registered agent (if o	changed) and	l /or registered o	office	2023 FEB	
	Corpo	ration Service Co	mpany			— :	2	•
	1201	Hays Street					<u> </u>	
			P.O. Box NOT				9:	
	Tallah	assee		FL	32301	====================================	 ??	
The street addre	ss of it be ider	s registered office ntical.	and the street addre	ess of the bus	siness office of	its register	red ager	π.
Such change wa authorized by th	is authorie board	orized by resolution d, or the corporation	on duly adopted by it on has been notified	ts board of d in writing o	lirectors or by a of the change.	n officer s	0	
Xie	8	aoni	Jill (	Cilmi, Vice P	resident			
		ncer or director			ed or typed name and			•
corporunon nas	DEEN N	pointment as regis ply with the provis familiar with and I merely to reflect potified in writing ice Company	tered agent and agr ions of all statutes r accept the obligatio a change in the regi of this change.	ee to act in t elative to the n of my posi istered office	this capacity. e proper and co ition as register e address, I hero	mplete pe. ed agent. eby confin	rforman Or, if th m that th	ce us ie
ву: 🏒	<u>oca T</u>	1-Kuble	02/2	24/2023	7-7-1			_
Sign If signing on be		Registered Agent an entity:			Date			
Grace E. Kirby, ,		·						
<u>.</u>	· · ·	inted Name						

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

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

CR2E045 (04/13)