P2000001074

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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A. BUTLER FEB 2 8 2023

ALLAHÁSSÉE, FLUIR

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 518062 2 837814

AUTHORIZATION : Kyrelleran

COST LIMIT : \$ 35.00

ORDER DATE: February 23, 2023

ORDER TIME : 10:40 AM

ORDER NO. : 518062-076

CUSTOMER NO: 8378148

CHANGE OF AGENT

NAME: TAW JACKSONVILLE SERVICE

CENTER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.05(inge is submitted for a corporation orga r to change its registered office or regis.	nized under the laws of the State of _	
i. The name of t	the corporation: TAW JACKSONVILLE	SERVICE CENTER, INC.	
2. The principal	office address: 6312 78TH ST RIVERV	IEW, FL 33578	
3. The mailing a	ddress (if different): PO BOX 3381 TAM	MPA, FL 33601	
	poration/qualification: 12/30/2019		01074
	I street address of the current registered attended to the transfer of State: (If resigned, enter resign		1 the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD #	250	2023 FEB
	PLANTATION	FL 33324	E8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company			
	1201 Hays Street		u
P.O. Box NOΓ acceptable			
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	t address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	ed by its board of directors or by an o otified in writing of the change.	fficer so
Xie	2 agric	Jill Cilmi, Vice President	
	e of an officer or director	Printed or typed name and title	
I furTher agrée t of my duties, an document is beil corporation has	the appointment as registered agent at to comply with the provisions of all stat d I am familiar with and accept the ob- ng filed merely to reflect a change in the been notified in writing of this change n Service Company	tutes relative to the proper and comp ligation of my position as registered he registered office address. I hereby	elete performance agent. Or, if this confirm that the
By: X)no	ce Cokubie	02/24/2023	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
· · · · · · · · · · · · · · · · · · ·	Asst. Vice President		
Ty	sped or Printed Name	FF 67500 + + +	
	* * * FILING FI	E.E.: 535.00 * * *	

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