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## REGISTERED AGENT CHANGE TNFL HOLDINGS COMPANY

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

	provisions of sections 607.0502, 617.0: ange is submitted for a corporation orga		
in orde	er to change its registered office or regi	stered agent, or both, in the State of	Florida.
1. The name of	the corporation: TNFL HOLDINGS CO	MPANY	
2. The principal	office address: 4141 Rockside Road, Su	ite 100 Seven Hills, OH 44131	······································
3. The mailing s	address (if different):	Test Too Bergerian con en	
4. Date of incorp	poration/qualification: 5/26/2021	Document number: P21000	050366
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resig	l agent and registered office on file v	
	WILLIAM R. LOWMAN JR.		. <b>∑</b> ∞ ≥
SHUFFIELD LOWMAN & WILSON P.A.			2022 HAY TO SECRULATE ALLAHASSI
	1000 LEGION PLACE STE 1700, ORL	.ANDO, FL 32801	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered o	
· ·.	C T Corporation System		္က်္ကို <b>့ ယ္</b>
•	1200 South Pine Island Road		05
	Plantation, Florida 33324	ion NOT acceptable	· · · · · · · · · · · · · · · · · · ·
The street address changed will	ess of its registered office and the street be identical.	et address of the business affice of	its registered agent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	•	•
	ue est an Muser or director	Erin Boyts Quinn, Secreta	ry'
	the appointment as registered agent of to comply with the provisions of all su nd I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	Printed or typed name and agree to act in this capacity of the proper and colligation of my position as register the registered office address. There is, 3/10/2022	
Sig	nature of Registered Agent	. Date	
If signing on be	half of an entity:		
	idra Zwijack, Assistant Secretary	,	•
	yped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	
M CR2E045 (04/13)	MAKE CHECKS PAYABLE TO F AIL TO: DIVISION OF CORPORATIONS,	lorida Department of State P.O. Box 6327, Tallahassee, Fi	L 32314

By: