## 00065135

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

Office Use Only



500402662445

RECEIVED

ALI AHÁSSEE, FLOR

A. BUTLUR FEB 2 8 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195			
	REFERENCE	:				
	AUTHORIZATION	:	- Land	Eleman		
	COST LIMIT	:	\$ 35/.00			
ORDER DATE :	February 23, 202	3				
ORDER TIME :	10:42 AM					
ORDER NO. :	518062-080					
CUSTOMER NO:	8378148					
			<b></b>			
CHANGE OF AGENT						
NAME: TAW MIAMI SERVICE CENTER, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of registered agent, or both, in the State of Floric	
1. The name of	the corporation: TAW MIAMI SERV	VICE CENTER, INC.	
2. The principal	office address: 9930 NW 89TH A	/E MIAMI, FL 33178	
3. The mailing a	address (if different); PO BOX 338	1 TAMPA, FL 33601	
4. Date of incor	poration/qualification: 08/31/1994	Document number: P94000065	135
5. The name and		tered agent and registered office on file with th	
	C T CORPORATION SYSTEM		- 1
	1200 S PINE ISLAND RD UNIT	250	2023 FEB
	PLANTATION	FL 33324	EB 27
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	7 Mil 9
	Corporation Service Company	· -	: 27
	1201 Hays Street	'	
		P,O, Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	istered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officeen notified in writing of the change.	er so
Xie	2 Cour	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this co n Service Company	ent and agree to act in this capacity. all statutes relative to the proper and complete he obligation of my position as registered age e in the registered office address. I hereby co hange.	e performance ant. Or, if this nfirm that the
	haze tokubly	02/24/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
ı,	spee or rained raine		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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