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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/19/2024	
Name:	Cheyanne Davis	_
Reference #:_	2559492	_
Entity Name:_	TAW MIAMI SE	RVICE CENTER, INC.
☐ Articles	s of Incorporation/Authorization	to Transact Business
Amend	lment	
✓ Change	e of Agent	
Reinsta	atement	
Conve	rsion	
Merger	Г	
Dissolu	ution/Withdrawal	
Fictition	us Name	
Other_		
Authorized An	mount: \$35	. <u> </u>
Signature:	(Unume Paine	

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

and the second

Pursuant to the provisions of sections statement of change is submitted forin order to change its regist	a corporation organized	l under the laws of the Sta	te ofFlorida		
1. The name of the corporation:	TAW MI	AMI SERVICE CENTER,	INC.		
2. The principal office address:	office address: 250 Executive Center Drive, Suite 201				
	Greenville, SC 29615				
3. The mailing address (if different):	250 Executive Ce	inter Drive, Suite 201, Gre	eenville, SC 29615		
4. Date of incorporation/qualification					
5. The name and street address of the Florida Department of State: (If re-		t and registered office on t	file with the		
CC	ORPORATION SERVIC	CE COMPANY			
	1201 HAYS ST				
	024 DEC 20 SECRLLANSE FALLAHASE				
6. The name and street address of the (if changed):		L 32301 f changed) and /or register	red office SEE F		
	Cogency Globa	l 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.					
Such change was authorized by rescauthorized by the board, or the corp	oration has been notific	ed in writing of the chang	c.		
/s/ Wesley Paul		Wesley Paul, VP, Co.			
Signature of an officer or director I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to re corporation has been notified in wr	registered agent and a rovisions of all statutes and accept the obligat flect a change in the re	gree to act in this capacit relative to the proper ai ion of my position as rev	v. id complete performanc istered agent. Or. if thi.		
/s/ Michael Carlisle		Nov. 21,	2024		
Signature of Registered Agent		Date			
If signing on behalf of an entity:					
Michael Carlisle, Assistant Se	ecretary				
Typed or Printed Name					

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