96000040247

(Rec	questor's Name)	
(Add	iress)	
- (Ado	lress)	
(Auc	11033)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
/Doc	cument Number)	
(500	Jument (Vaniber)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

Office Use Only



600439036936

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGŁOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/19/2024	
	Cheyanne Davis	
Reference #	2559492	
		SERVICE CENTER, INC.
☐ Article	es of Incorporation/Authorizati	on to Transact Business
☐ Amer	ndment	
🗸 Chan	ge of Agent	
☐ Reins	statement	
Conv	ersion	
Merge	er	
Disso	elution/Withdrawal	
Fictiti	ous Name	
☐ Other		
Authorized A	Amount: \$35	
Signature:	(VILLIMO - OMI	

F: 800,944,6607

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

•	07.0502, 617.0502, 607.1508, or 617.1508, Fl	-		
	orporation organized under the laws of the Start of office or registered agent, or both, in the Sta			
1. The name of the corporation: TAW ORLANDO SERVICE CENTER, INC.		•		
2. The principal office address:	e 201			
	Greenville, SC 29615			
3. The mailing address (if different):	250 Executive Center Drive, Suite 201, Greenville, SC 29615			
4. Date of incorporation/qualification: _	5/6/1996 Document number:	P96000040247		
5. The name and street address of the cu Florida Department of State: (If resig	arrent registered agent and registered office on med, enter resigned)	file with the		
COR	PORATION SERVICE COMPANY			
	1201 HAYS ST			
	TALLAHASSEE, FL 32301			
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registe	ered office		
	Cogency Global Inc.			
115 North Calhoun Street. Suite 4				
P.O. Box, NOT acceptable				
	Tallahassee, Florida 32301	· - ·		
The street address of its registered offias changed will be identical.	ice and the street address of the business offic	ce of its registered agent,		
Such change was authorized by resolu authorized by the board, or the corpora	tion duly adopted by its board of directors or ation has been notified in writing of the change.	by an officer so ge.		
/s/ Wesley Paul	Wesley Paul, VP, Co	orporate controller		
Signature of an officer or director	Printed or typed nar	ne and table		
of my duties, and I am familiar with a	gistered agent and agree to act in this capaci visions of all statutes relative to the proper a nd accept the obligation of my position as res oct a change in the registered office address, ng of this change.	ristered agont: Or Whis I hereby confirm that the		
/s/ Michael Carlisle	Nov. 21,			
Signature of Registered Agent	Date	726 721		
If signing on behalf of an entity:		m o		
Michael Carlisle, Assistant Secre	etary			
Typed or Printed Name				

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