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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	12/19/2024	
Name:	Cheyanne Davis	_
Reference #	2559492	_
	TAW GEORGIA S	ERVICE CENTERS, INC.
Article	es of Incorporation/Authorization	to Transact Business
☐ Amen	dment	
✓ Change	ge of Agent	
☐ Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
☐ Other		
Authorized A	.mount:\$35	<u>.</u>
Signature	Chum Paire	

F: +852.2682.9790

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

Pursuant to the provisions of seci statement of change is submitted	for a corporation organize	d under the laws of the Sta	te ofFlorida	
•	gistered office or registere TAW GEO	a agent, or both, in the stat RGIA SERVICE CENTER	•	
1. The name of the corporation:	<u></u>	250 Executive Center Drive, Suite 201		
2. The principal office address:		reenville, SC 29615		
3. The mailing address (if different):250 Executive Center Drive, Suite 201, Greenville,				
The mailing address (if different):				
The name and street address of Florida Department of State: (1		nt and registered office on t	file with the	
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS	ST		
·	TALLAHASSEE, F	L 32301		
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or register	1024 DEC 20	
	Cogency Globa	al Inc.	C 21	
	115 North Calhoun St	reet, Suite 4		
	PO Box N	OT acceptable	7.5	
	Tallahassee, Florid	da 32301		
The street address of its register as changed will be identical.	ed office and the street ad-	dress of the business offic	e of its registered agent	
Such change was authorized by authorized by the board, or the c	resolution duly adopted be corporation has been notifi	vits board of directors or led in writing of the chang	by an officer so	
/s/ Wesley Paul		Wesley Paul, VP, Co	rporate Controller	
Signature of an officer or direct	ctor	Printed or typed nam	ie and title	
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar y document is being filed merely to corporation has been notified in	he provisions of all statute with and accept the obliga to reflect a change in the r	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, l	y. id complete performanc istered agent. Or, if thi ' hereby confirm that the	
/s/ Michael Carlis	ile	Nov. 21,	2024	
Signature of Registered A	gent	Date		
If signing on behalf of an entity	:			
Michael Carlisle, Assistan	t Secretary			
Typed or Printed Name				

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