

F05000007095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

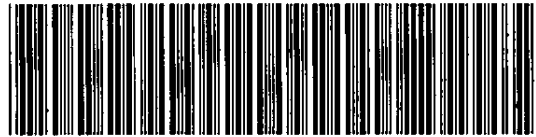
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 15 PM 1:48

T. Roberts OCT 16 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TFS TRAINING & CONSULTING, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000001736

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TLS/GEC GROUP

(Name of Contact Person)

GEC GROUP

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

TLS/GEC GROUP

(Name of Contact Person)

at ( 954 )

318-2787

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TFS TRAINING & CONSULTING, INC.
2. The principal office address: 777 - 108TH AVE NE, SUITE 1200, BELLEVUE WA 98004 US
3. The mailing address (if different): PO BOX 34690, SEATTLE WA 98124-1690 US
4. Date of incorporation/qualification: 12/7/2005 Document number: F05000007095

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

K. Gariepy  
(Signature of an officer or director)

K.C. GARIEPY, ASST. SEC.

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Peter F. Souza  
(Signature of Registered Agent)

9-16-05  
(Date)

If signing on behalf of an entity:

Peter F. Souza

Assistant Secretary  
(Typed or Printed Name)

**Peter F. Souza**  
**Assistant Secretary**

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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