F06000001959

(Requestor's Name)
(Addross)
(Address)
(Address)
. O
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TMF SERVICES MIAMI INC.	
(Name of Corporation	on)
DOCUMENT NUMBER: F06000001959	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Astrid Plantz	
(Name of Contact Per	son)
TMF SERVICES MIAMI INC.	
(Firm/Company)	
1221 Brickell Avenue, Suite 1200	
(Address)	
Miami, FL 33131	
(City/State and Zip C	ode)
For further information concerning this matter, please call:	
Astrid Plantz at (_3	305 342-5722 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	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	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2008

ASTRID PLANTZ 1221 BRICKELL AVENUE, SUITE 1200 MIAMI, FL 33131

Ref. Number: F0600001959

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 608A00006326

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

stàtement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute transpersions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute transpersions of the State of Delaw transpersions of the State of Colorida St	are		_
	ler to change its registered office or registered agent, or both, in the State of Florida			
	f the corporation: TMF SERVICES MIAMI INC.			
2. The principal	al office address: 1221 Brickell Avenue, Suite 1200, Miami , FL 33131			
3. The mailing a	address (if different):			
4. Date of incor	rporation/qualification: March 23, 2006 Document number: F0600000195	9		
	nd street address of the current registered agent and registered office on file with the artment of State:			
	Dennis P. Day			
	701 Brickell Avenue, Suite 1550	. —		
	Miami, FL 33131)9FE	-	'n
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered offices. Dennis P. Day	8-6 MII:	1	
	1221 Brickell Avenue, Suite 1200 (P.O. Box NOT acceptable)	AIE 2C	,	
	Miami, FL 33131			
The street address changed will	ress of its registered office and the street address of the business office of its registered.	tered a	ıgen	ıt,
Such change wa	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	r so		
(Signal)	ture of an officer or director) Dennis P. Day (Printed or typed name and fulle)			-
I further agree of my duties, and document is bei	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and familiar with and accept the obligation of my position as registered agencing filed merely to reflect a change in the registered office address, I hereby con as been notified in writing of this change.	perfori it. Or, firm the	nan if th at th	ce iis ie
	1-23-08			
	ignature of Registered Agent) (Date)			
If signing on be	ehalf of an entity:			
(7	(Typed or Printed Name)			

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

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