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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

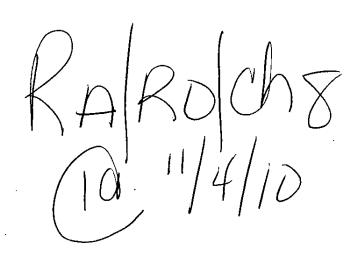


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SECRETARY OF STATE -TALLAHASSEE FLORIDA



COVER LETTER

TO:	Amendment Section Division of Corporations	
	TSE DEO Inc	
SUBJE	CT: TSE-PEO Inc. (Name of Corp.)	poration)
DOCU	MENT NUMBER: F06000004973	
	closed Statement of Change of Registered Office/A	
Please re	eturn all correspondence concerning this matter to	the following:
	JJ Walsh	
	(Name of Conta	ct Person)
Delaney Corporate Services, Ltd.		
	(Firm/Com	pany)
	922 Congress Avenue Suite 206	=
823 Congress Avenue, Suite 225 (Address)		
	·	•
	Austin, Texas 78701	
(City/State and Zip Code)		
For furt	her information concerning this matter, please call	l :
	JJ Walsh	-4 / 512 \ /00 8000
	(Name of Contact Person)	at (512) 499.8999 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departme	ent of State
Bilotoso	a is a \$55.00 check made payable to the Bepartin	5.00 5.00.5.
	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

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

statement of change is submitte	ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ed for a corporation organized under the laws of the State of Delaware registered office or registered agent, or both, in the State of Florida.
	TSE-PEO Inc.
	160 Broadway, 15th Floor, Susan Kennedy, New York, NY 10038
3. The mailing address (if diffe	erent):
4. Date of incorporation/qualif	Tication: 07/27/2006 Document number: F06000004973
	of the current registered agent and registered office on file with the
Lodato, Da	arlene
8230 Clea	ry Blvd., Apt. 2803
Plantation	, FL 33324
6. The name and street address (if changed):	ry Blvd., Apt. 2803 FL 33324 s of the new registered agent (if changed) and /or registered office rvices, Inc. ecutive Park Drive, Suite 4
NRAI Se	rvices, Inc.
2731 Exe	
Weston	(P.O. Box NOT acceptable) , FL 33331
The street address of its regis as changed will be identical.	tered office and the street address of the business office of its registered agent,
Such change was authorized authorized by the board, or the	by resolution duly adopted by its board of directors or by an officer so be corporation has been notified in writing of the change.
(Signature of an officer or	Robert Cassera, President
I finish an amad to accomb with	ont as registered agent and agree to act in this capacity. In the provisions of all statutes relative to the proper and complete performance ar with and accept the obligation of my position as registered agent. Or, if this ly to reflect a change in the registered office address, I hereby confirm that the lim writing of this change.
(Signature of Register	ed Agent) 10/14/10 (Date)
If signing on behalf of an ent	ity:
Lisa A. Do	e ANCY Tame)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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