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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

· ·						
SUBJECT: Total Program Management, Inc.						
Name of Corporation	<u> </u>					
DOCUMENT NUMBER: C3153546						
The enclosed Statement of Change of Registered Office/Agent and fee are submit	itted for filing.					
Please return all correspondence concerning this matter to the following:						
Elizabeth Harker						
Name of Contact Person	Name of Contact Person					
•						
3H Agent Services, Inc.	3H Agent Services, Inc.					
Firm/Company						
	;					
· 6 Clement Avenue Address						
11441000						
Saratoga Springs NV 12966						
Saratoga Springs, NY 12866 City/State and Zip Code						
sbest@vanbeurden.com E-mail address: (to be used for future annual report notions)	fraction)					
L-man address. (to be used for future aiman report notif	ileanon)					
For further information concerning this matter, please call:						
Elizabeth Harker at (518)	583-0639 x113					
Name of Contact Person at (518) Area Code & Dayti	me Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Street Address:	: 1					
Amendment Section Amendment Sec	ection					
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Buildin	<u> </u>					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	unized under the laws of the State of	New Y		
1. The name of	the corporation: Total Program Manage	ement, Inc.			
	office address: 4175 Veterans Memori		ı, NY 1	1779	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 06/27/2008	Document number: C31535	46		
	d street address of the current registered rtment of State;	agent and registered office on file w	ith the		
	John D. Hatch, Esquire		—i		
	1267 Berkshire Lane, Suite 20	00	SECI	2012,	چېدادون د د د د د د د د د د د د د د د د د د د
	Tarpon Springs, Florida 34688		RETA	2012 JAN 17	myserie erienem
6. The name and (if changed):	d street address of the new registered against a street address of the new registered against a street address. Inc.	ent (if changed) and /or registered of	RY OF STATI	P# -:	
			- Drni	640	
	1970 Otter Way (P.O. Box NOT acceptab	(c)	_		
	Palm Harbor, Florida 34685	•,			
	ess of its registered office and the stree be identical. as authorized by resolution duly adopt the board, or the corporation has been resolution has been resolution.				gent,
Meh	Hella Bruce	William J. Van Beurden, Cha (Printed or typed name and	irman		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sto d I am familiar wilh and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity. stutes relative to the proper and cor- ligation of my position as registere he registered office address, I here e.	nplete p ed ageni by confi	perform t. Or, i irm tha	nance f this nt the
- Chal	set Lik	January 1, 2012			
/ (Signing on bo	palture of Registered Agent)	(Date)			
	half of an entity:		•		
Elizabeth A. F	yped or Printed Name)				

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