## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000

: (850)558-1575 Fax Number

REGISTERED AGENT CHANGE

TBC SHARED SERVICES, INC.

Certificate of Status Certified Copy Page Count Estimated Charge

Corporate Filing Menu

Help



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02

\$35.00

Electronic Filing Menu

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or hoth, in the State of Florida.
1. The name of the	ne corporation: TBC SHARED SERVICES, INC.
2. The principal office address: 823 Donald Ross Road	
	Juno Beach, FL 33408
3. The mailing ac	Idress (if different):
4. Date of incorp	oration/qualification: 05/13/2009 Document number: F0900001958
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	CT Corporation System  1200 South Pine Island Road  Plantation, FL 33324  street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
,	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
corporation has	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 performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: Muc	tion Service Company  Living (Date)  (Date)
If signing on be	half of an entity:
	Vannoy, Asst. V. P.  Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *	