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Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

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Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## REGISTERED AGENT CHANGE TCR SOUTH FLORIDA DIVISION I, INC.

Certificate of Status	0
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RAROU

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the St	tate of Texas
	the corporation; TCR SOUTH FLORIDA		•
2. The principal			
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/28/2010	Document number:	F10000002012
	d street address of the current registered a rtment of State: (If resigned, enter resigne		i file with the
	CORPORATION SERVICE COMPANY	,	
	1201 HAYS STREET		<b>4</b> .0
	TALLAHASSEE FL 32301-2525		
6. The name and (if changed):	d street address of the new registered ages	nt (if changed) and /or registe	ered office
	C T Corporation System		
	c/o C T Corporation System, 1200 South	Pine Island Road	·· <del>·</del>
	P.O. Box NC	Т весернабіо	
	Plantation, Florida 33324		<del></del>
The street address changed will	ess of its registered office and the street l be identical.	address of the business off	ice of its registered agent,
	as authorized by resolution duly adopte he board, or the corporation has been no		
mana	Cauta_	Maria Ozaci	ta, Secretary
	•	Printed or typed n	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent ar to comply with the provisions of all stat nd I am familiar with and accept the ob- ing filed merely to reflect a change in th s been notified in writing of this change	nd agree to act in this capac tates relative to the proper of ligation of my position as re the registered office address, t.	city. and complete performance egistered ugent. Or, if this I hereby confirm that the
By: X CT	Corporation System	5/27/2010	
U K Si	enuture of Registered Agen	Date	
If signing on bo	chalf of an entity:		
Vickie M. Cun	ningham		
	Typed or Printed Name		

\* \* \* 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)