

F1100000 1929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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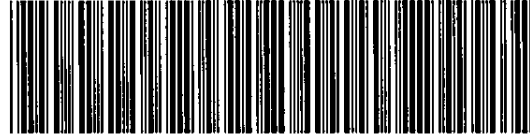
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Serving the Legal Community for Over 100 Years . . . Registered Agents in Every State*

JAMES A. CURRAN  
E-MAIL DIRECT: jim@cgtco.com  
JOSEPH J. COLLOPY  
E-MAIL DIRECT: joe@cgtco.com  
TERESA MAGEE  
E-MAIL DIRECT: terry@cgtco.com

## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110  
3331 STREET ROAD, BENSALEM, PA 19020  
TELEPHONES: (800) 563-6131 • (215) 633-8144  
FAX (215) 633-8160  
E-MAIL: info@cgtco.com

April 9, 2014

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

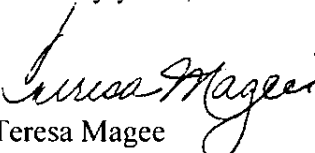
RE: TB PHILLY, INC.

To Whom It May Concern:

Enclosed is Statement of Change of Registered Agent for the above company for filing with your office together with our \$35.00 check to cover filing fee.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,

  
Teresa Magee  
Secretary

TM/t  
Enclosures

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: TB PHILLY, INC.
2. The principal office address: 400 Thoms Drive, Suite 411, Phoenixville, PA 19460
3. The mailing address (if different): 400 Thoms Drive, Suite 411, Phoenixville, PA 19460
4. Date of incorporation/qualification: May 5, 2011 Document number: F11000001929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Edwin F. Blanton

810 Thomasville Road

Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

610 Summerbrooke Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

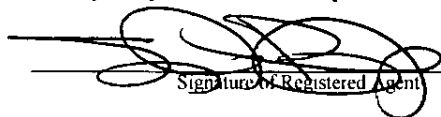
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

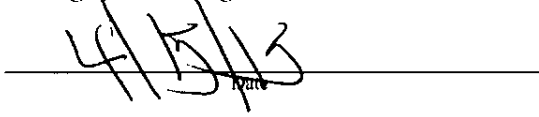
\_\_\_\_\_  
Signature of an officer or director

Edwin F. Blanton, Registered Agent

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

  
Date

If signing on behalf of an entity:

  
Typed or Printed Name

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