Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE TSG US GP INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	TSG US GP INC.
SODA	Name of Corporation
DOCU	F12000004450 IMENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Leurs O'Malley
	Name of Contact Person
	The Stronsch Group
	Firm/Company
	455 Duncton Wood Crescent
	Address
	Aurora, Ontario LAG 7A9
	City/State and Zip Code
	laura.omalicy@stroaachgroup.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Laura C	905 726-7082 at (
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Delaware	-	
in ord	ier to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: TSG US GP INC.		
2. The principa	al office address: 455 Magnn Drive, Aurora, Ontario Canada L4G 7A9		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: October 31/12 Document number: F12000004450		
5. The name ar	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Corporation Service Company		
	1201 Hays Street		
	Talahassec. FL 32301-2525		
6. The name an (if changed):	ed street address of the new registered agent (if changed) and /or registered office	TAL	
	C T Corporation System	CR	9
	c/o C T Corporation System, 1200 South Pine Island Road	ETAR	-
	P.O. Box NOT acceptable	SEI RY	
	Plentation, Florida 33324	H (1)	:
The street addr	ess of its registered office and the street address of the business office of its registered age I be identical.	STAI	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	DA E	(
الما أولار	Jane Lynn, Secretary		
i hereby accept I firther agree performance of agent. Or, if the hereby confirm	the appointment as registered again and agree to act in this capacity to comply with the provisions of all standes relative to the proper and complete to comply with the provisions of all standes relative to the proper and complete to whiles, and I am familiar with and accept the obligation of my position as registered its document is being flied merely to reflect a change in the registered affice address, I that the corporation has been notified in writing of this change.	•	
By: CT Co	poration System 1/6/2015	_	
00	haile of Registered Agent Dole that of an entity:		
Joseph 7	amini - Assistant Secretary yped or Printed Name		
•	* * * FILING FRE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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