

F97000003037

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Date: 7/24/18

Name: KEN HOWELL

Reference #: J005249

Entity Name: TFS SECURITIES, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES - CALL KEN @
518-213-0738

Authorized Amount: \$35.00

Signature: _____

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**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 NEW JERSEY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TFS SECURITIES, INC.
2. The principal office address: 437 NEWMAN SPRINGS ROAD LINCROFT NJ 07738
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/11/1997 Document number: F97000003037
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

COGENCY GLOBAL INC.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

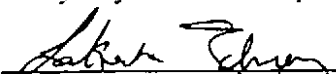
Tallahassee Florida 32301

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.

 Thomas P. Hyland President
Signature of an officer or director 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.

 7/2/2018
Signature of Registered Agent Date

If signing on behalf of an entity:

Lakesha Johnson
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 (03/12)