Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000116885 3)))



H100001168853ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. D	oing so will
generate another cover sheet.	

To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

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.

REGISTERED AGENT CHANGE TCR SF PROPERTIES, INC.

Certificate of Status	Δ .
Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/14/2010

MAY 17 2010

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	e of Texas	
1. The name of	the corporation: TCR SF I	Properties, Inc.			
2. The principa	I office address: N ST., STE. 3250, DALLA				
3. The mailing	address (if different):			—	_
4. Date of incor	poration/qualification:	01/26/1998	Document number:	F98000000457	-
 The name an Florida Depa 	d street address of the cur riment of State; (If resign	rent registered age ed, enter resigned)	ent and registered office on fil	le with the	
	CORPORATION SERV	ICE COMPANY			
	1201 HAYS STREET				
	TALLAHASSEE FL 323	01-2525			
6. The name an (if changed):		v registered agent	(if changed) and /or registere	2010 MAY	
	C T Corporation System			TAR TAR TAR	ť
	c/o C T Corporation Syst	em, 1200 South Pin	e Island Road	~~~	
		P.O. Box NOT	cceborpic	AH 10:	
	Plantation, Florida 33324		• • • •	— See 0	
The street address changed will	ess of its registered offic I be identical.	e and the street ac	idress of the business office	of its registered agent,	
Such change wanthorized by t	as authorized by resoluti he board, or the corporat	on duly adopted t	by its board of directors or b fied in writing of the change	y an officer so	
maria	Basta /	•	Maria Ozacta,	•	
	ne of an officer or director		Printed or typod name		
l hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec s been notifled in writing	stered agent and sions of all statut I accept the oblig I a change in the g of this change.	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, I	i d complete performance stered agent. Or, if this hereby confirm that the	
ву:	Comporation System	han	5/13/2010		
Sig	grature of Kegistered Agent (J	Date		
• •	ehalf of an entity:				
Vickie M, Cunn	Lingham Typed or Printed Name				
·	Shoo ot Luisch using				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)