Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6390

Prom:

Account Name : C T CORPORATION SYSTEM

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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. **

Email Address:

REGISTERED AGENT CHANGE TC RESIDENTIAL FLORIDA I, INC.

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Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	ange is submitted for a co	rporation organize	507.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State t	of Texas		
	the corporation; TC Resid					
2. The principal						
3. The mailing a	address (if different):				•	
4. Date of incorp	poration/qualification:	06/08/1998	_ Document number:	F980000032	20	
The name and Florida Depart	d street address of the currenters of State: (If resignation	rent registered agen ad, enter resigned)	t and registered office on file	with the		
	CORPORATION SERVI	ICE COMPANY				
	1201 HAYS STREET			TALL	SEC	5
	TALLAHASSEE FL 323	01-2525		.AHAS		M
6. The name and (if changed):	i street address of the new	registered agent (i	f changed) and /or registered	office SSEE	ALIEN OF	4 AM 11: 05
	C T Corporation System			<u></u>	STATE	1:0
	c/o C T Corporation Syste	em, 1200 South Pine	Island Road	UA	, ti	ப
	Plantation, Florida 33324	P.O. Bux NOT see	eptable			
The street addre	ess of its registered office be identical.	e and the street add	iress of the business office of	of its registered	agent,	
Such change was authorized by th	as authorized by resoluti ne board, or the corporat	on duly adopted by ion has been notifi	tis board of directors or by ed in writing of the change.	an offic e r so		
marie	re of aprofiticer or differen		Maria Ozacla, So Printed or typed name x	coretary no litte		
l hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as regi to comply with the provi of I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statute l accept the ubliga- t a change in the re	gree to act in this capacity s relative to the proper and tion of my position as regist egistered office address, I ha		munci if this at the	e 5
By: CT	Corporation System	· -	5/13/2010			
If signing on be	half of an entity:					
Vickie M. Cunni	•					
	yped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)