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(Requestor's Name) (Address)	400008505414
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ACCOUNT	FILING COVER SHEET
ACCOUNT NUMBER: FCA0000	00005
REFERENCE: (Sub Account)	 [
DATE: 10729	
REQUESTOR 'HAME: LEXIS DO	cument Services
<u>,</u>	·
ADDRESS:	
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TELEPHONE: () () oxt () ·
CONTACT NAME:	······································
CORPORATION NAME:	
DOCUMENT NUMBER:F99- (if applicable)	PA
AUTHORIZATION: Conthins	J. Woodyard Chg. F. 25.00
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY)
<pre>() Call When Roady () Ca () Walk In () Hi () Hail Out</pre>	all if Problem () After 4:30 All Mait: () Pick Up



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

of Florida.	of the corporation: TC Houston TFK, Inc.	·
	al office address: 2001 Ross Avenue, Suite 3400, Dallas, TX 75201	• • • • • • • • • • • • • • • • • • •
	g address (if different): c/o Rebecca Savino, 2001 Ross Avenue, Suite 3400, TX 75201	
4. Date of inc	orporation/qualification:	·
Florida Der	and street address of the new registered agent (if changed) and /or registered affice C	
changed):	LexisNexis Document Solutions Inc.	
	3953 W.W. Kelley Road (P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32311	·
agent, as chan	lress of its registered office and the street address of the business office of its registered aged will be identical.	
Such change to authorized by (Signature of an office	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Tressa Hartman on behalf of Rebecca Savino Asat. Secretary (Printed or typed name and httle)	
	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered by I hereby confirm that the corporation has been notified in writing of this change.	

(Signature of Registered Agent)

(Typed or Printed Name)

10/23/2002

If signing on behalf of an entity:

Tressa Hartman

(Capacity)

Asst. Sec. for LexisNexis Document Solutions Inc.

(Date)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314