

Division of Corporations

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501643

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

20587
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

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REGISTERED AGENT CHANGE

TCY LIMITED, INC.

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1503, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

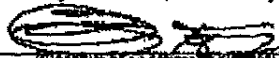
1. The name of the corporation: TCX Limited, Inc.
2. The principal office address: 17201 Biscayne Boulevard
North Miami Beach, FL 33160-4803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/28/86 Document number: 701643
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
David P. Karcher, Esq.
2900 Middle Street, SW 28 Terrace
44 West Flagler Street, Penthouse.
Miami, FL 33133

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

Theodore R. Stotzer, Esq.321 East Hillsboro Boulevard(P.O. Box NOT acceptable)Deerfield Beach, FL 33441

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.


(Signature of an officer or director)

Theodore R. Stotzer, Vice President/Secretary
(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.


(Signature of Registered Agent)

7/19/04
(Date)

If signing on behalf of an entity:

(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

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