Division of Corporations



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Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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TFS MANAGEMENT, INC.

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tage is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: TFS MANAGEMENT, INC.
	office address:
	A BLVD #812 BOCA RATON FL 33428
	dress (if different): MANSFIELD OH 44906
4. Date of incorp	oration/qualification: 6/16/1986 Document number: 119462
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	A.G.C. CO.
	2300 SUN BANK CENTER 200 S. ORANGE AVENUE
	ORLANDO FL 32801 US
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
•	c/o C T Corporation System, 1200 South Pine Island Road
•	(P.O. Box NOT acceptable)
•	Plantation, Florida 33324
The street addres	s of its registered office and the street address of the business office of its registered agent, so identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
There	and another president THEODORE F. SCHLUTER
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance if am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
By: Walls	10 A Breado alexant 14, 2009 E.
If signing on beh	alf of an entity: Barbara A. Burke Special Assistant Sanutan
Пу	Special Assistant Secretary (ped or Printed Name)
	* * * FILING FEE: \$35.00 * * * 25.00 * * *
MA CR2E045 (\$/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE IL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323