Division of Corporations

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Florida Department of State

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: (850) 222-1173

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0150, 14893

REGISTERED AGENT CHANGE

TD LIQUIDATORS LLC

| Cortificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$55.00 |

DIVISION OF CORPORATION:

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| liability company submit agent, or both, in the Sta | ms of sections ou 's the following sti te of Florida. | 8.410 or 608.308, Fla stement in order to ch | orida Statutes, the una nange its registered off | ersigned lee or re | l limite gistere | ed ed |
|---|--|---|--|--|---|--------------|
| I. The name of the limit | ed liability compar | y is: TD LIQUIDAT | ORS LLC | | | _ • . |
| 2. The mailing address of | | | | E, SUIT | E 107 | P . |
| BAY HARBOR, FLOR | | | | | | - * |
| JUNE 18, 2002 | | LO | 2000015117 | demonstrated to the brown of | | |
| 3. Date of filing/registrat | ion in Florida | 4. D | ocument number | · · · · · · · · · · · · · · · · · · · | | _ |
| 5. The name of the regist Florida Department of | ered agent and the State: | registered office addre | ess as shown on the reco | ords of th | ic | |
| ~ | Laura Ganger | il c/o Greenber Trau | rig, P.A. | • | | |
| | 1221 Brickell A | Name venue, 21st Floor | | _1_ | _ | |
| | Miami, Florida | | | | 903 KDP | |
| | | City, State and Zip | | 52 | ₽ 30 | |
| 6. The name and address | of the new register | ed agent and/or office | : | | | |
| | Richard Olsen | | | | | = ,- |
| | 224 Bal Bay Da | Name ive | | 24 35 c | 8: 2 | |
| | Florida street ad | dress (P.O. Box NOT | acceptable) | ಕ್ಟ | ထ | |
| | Bay Harbor | FL 33154 | | | | |
| | C | ity, State and Zip | | | | |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of | hange or changes a the registered age reby confirmed tha | are made, the Florida so nt will be identical. O at the change(s) was/w | treet address of the regi r, in the case of a Florid ere authorized by an af | stered of la limited firmative | fice i vote c | of . |
| Signature of a member of author | ized representative of a | nember) | | - | | |
| John Olsen, Member | | | | | | |
| (Printed or typed name of signee) | | | - • | - | | • |
| I hereby accept the appo comply with the provision and I am familiar with an Chapter 508, F.S. Or if addresset bevely confirm | intment as register is of all statutes re id accept the arilization that the limited li | ed agent and agree to lative to the proper an stions of my position a sing filed to merely ref willy company has be | act in this capacity. If d complete performanc s registered agent as pi lect a change in the reg een natified in writing b | urther age of my a rovided f istored o f this chi | ree to luties, or in lifice inge. | ı |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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