L02000024864

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only



700079879057

09/19/06--01024--007 **25.00

OS SEP 19 PH 1:51
SECRETANT CESTATE
ALL AHASSEE ELORIDA

N. Cultura SEY 2 U 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TDC Holdings, LLC (Name of Line)	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Bruce R. Abernethy, Jr.	
(Name of Person)	
Bruce R. Abernethy, Jr., P.A.	
(Firm/Company)	
500 Virginia Avenue, Suite 202	
(Address)	
Fort Pierce, FL 34982	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Bruce R. Abernethy, Jr.	t (772) 489-4901
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	imount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, th order to change its register	ne undersigned limited ed office or registered
1. The name of the limited liability company is: TDC	Holdings, LLC	
2. The mailing address of the limited liability company	is : 900 Virginia Avenue, Su	ite 6
Fort Pierce, FL 34982	<u> </u>	<u> </u>
09/23/2002	L02000024864	
3. Date of filing/registration in Florida	4. Document number	*
5. The name of the registered agent and the registered of Florida Department of State:	office address as shown on the	he records of the
Bruce R. Abernethy, Jr.	·	
Name	-	
900 Virginia Avenue, Suite 6		T'S
Address P. C.		EG 6
Fort Pierce, FL 34982 City, State a	nd Zin	SEP F
•	•	SS
6. The name and address of the new registered agent an	d/or office:	
Bruce R. Abernethy, Jr.		
Name		DR=1.5
500 Virginia Avenue, Suite 2		Sm -
Florida street address (P.O.	Box NOT acceptable)	
Fort Pierce, FL	34982	
City, State and	d Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.	e Florida street address of the lentical. Or, in the case of a e(s) was/were authorized by therwise provided in the art	he registered office Florida limited an affirmative vote
(Signature of a member of authorized representative of a member)	·	•
Dunian D. Abanastha Ju		
Bruce R. Abernethy, Jr. (Printed or typed name of signee)	· · · · ·	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the object of the Chapter 608, F.S. Or, if this document is being filed to address, Lhereby confirm that the limited liability comp	ed agree to act in this capac proper and complete perfor position as registered agen merely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Agent)		
Division of Corporations, P.O. Box FILING FEE	•	314