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SECRE LANGE OF STATE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company	y is: TME Of	fice, LL	С				
2. The mailing address of					LC c/o	Gustav	us Ba	ss,
Capital Asset Advisors								
10/08/2003			L03	Ō000384	164			
3. Date of filing/registration	ion in Florida	- .	4. Do	cument i	number			
5. The name of the registe Florida Department of S	ered agent and the r State: Ierris Robinson	_	e address	s as show	n on the	e records	of the	>
	12628 Arley Dri	Name ve				. -		
	Orlando, FL 347	Address 786 City, State and	Zip		 .	- 		- :
6. The name and address of	of the new registere	ed agent and/or	office:					
	Corporation Cor	mpany of Orla	ando					
	300 S. Orange	Name Avenue, Suite	1000 (MRH)				
•	Florida street add	iress (P.O. Box	NOT a	cceptable	=)			- ′
	Orlando	FL 328	01	· ·-	<u> </u>			
	Cit	ty, State and Zi	ip		Ì	1		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes ar the registered agen by confirmed that	re made, the Fl it will be identi the change(s)	orida stro cal. Or, was/wer	eet addre in the ca e authori	ss of the se of a F zed by a	register londa li n affirm	red off imped	voterof
(Signature of a member or authority	zed representative of a m	ember)	-	·- <u>-</u>	<u> </u>	F STAT	~	Ü
Gustavus Bass, Manag	jer				P.	DE A	បា	***
(Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registere s of all statutes reld l accept the obliga his document is bei that the limited lia	ed agent and as ative to the pro- tions of my pos- ing filed to mer bility company	gree to a per and sition as ely refle has bee	ct in this complete registere ct a chan n notified		y. I furti nance of as provi e registe ing of th	her agi my di ded fo red of is cha	ree to uties, or in fice nge.
////lum.				ation C				
(Signature of Registered Agent)	1		By: J.	Gregor	y Humpi	hries,	Vice	Presid

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

By: J. Gregory Humphries, Vice President