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COVER LETTER

TO: Registration Section Division of Corporations	
TG Studios LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Michael Scine, CPA	
Name of Person	
Scine CPA Advisors LLC	
Firm/Company	
670 A1A Beach Blvd	
Address	
Saint Augustine, Florida 32080	
City/State and Zip Code	
nichael@scineadvisors.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Michael Scine, CPA	904 687-9519 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following	g amount:
□ \$25 Filing Fee	☑ \$55 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 605.0114 or 605.0116, 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.

Name of the limited liability company: TG Studios LL.	C
(a) 62 Lee Drive	(b) 62 Lee Drive
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Saint Augustine, Florida 32080	Saint Augustine, Florida 32080
04/10/2004	20-1134508
Date of filing/registration in Florida	4. Document number
Toby Gialluca (a)	
Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREE	·
62 Lee Drive	TADDRESS)
Saint Augustine F	71. ³²⁰⁸⁰
(b) Michael Scine, CPA	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	Assess PH
NEW Registered Office Address:	ins 2
670 A1A Beach Blvd	
Saint Augustine F	32080
ent will be identical. Or, in the case of a Florida limited I is/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the interest of a member	TOBA GIATUCC Printed orthord name of signee
	gee to act in this capacity. I jurther agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
watur or Registered been	