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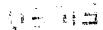
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SEC. F. SEC. FLORIDA

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ACCOUNT NO.: 072100000032 REFERENCE: 699136 5490A AUTHORIZATION: Auma Dunla COST LIMIT: \$ 25.00	
ORDER DATE: November 9, 2005 ORDER TIME: 5:05 PM ORDER NO.: 699136-005 CUSTOMER NO: 5490A CHANGE OF AGENT	OS NOV 10 AH 9: 1/7 SELLAHASSEE FLORIDA
NAME: TDH INVESTMENTS, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY	
CONTACT PERSON: Carina L. Dunlap EXT# 2951 EXAMINER:	

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

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 limits	ed liability company is	TDH Inve	estments, LLC	
2. The mailing address o	• • •			treet
C	,	1 2	Wilton Manors,	
09/08/2004				
3. Date of filing/registration in Florida		4. Document number		
o. Dato of managrogation	ion in i ionau		4. Document nur	посі
5. The name of the register Florida Department of		istered office	address as shown	on the records of the
	Jef	frey B. Boo	ck	
	_	Name		
	4400 North Fede	ral Highwa Address	y Suite 210-8	
	Bogs Pate	on, Florida	22421	
		State and Z		70.00
6. The name and address	of the new registered a	agent and/or	office:	OS NOW 10 MM 9: 17 TALLAHASSISSISSISSISSISSISSISSISSISSISSISSISSI
	F. Ronald	l Mastriana	ı, Esq.	
		Name		
	1500 North Fede			700
	Florida street addres	ss (P.O. Box	NOT acceptable)	92 -
	Fort Lauderdale	FL	33304	
		State and Zip		,
the members of the limite the operating at the ment of	hange or changes are not the registered agent we reby confirmed that the diability company or of the limited liability of the liability	nade, the Flo vill be identic e change(s) v as otherwise company.	rida street address or al. Or, in the case was/were authorized	of the registered office of a Florida limited I by an affirmative vote of
(Signature of a member or authori	ized representative of a memb	er)		
Thomas D. Hormel, Mgr (Printed or typed name of signee)				
I hereby) accept the appoint comply with the provision and I had familiar with an Chapter 608, FLS Or, if the address, I hereby and in the (Signature of Registered Agent)	ntment as registered a s of all statutes relativ d accept the obligation his document is being that the limited liabili	igent and agi e to the prop is of my posi filed to mere ty company i	ree to act in this ca per and complete pe tion as registered a ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
~				

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

INHS18(10/99)

FILING FEE: \$25.00