

L040000090613

Florida Department of State
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REGISTERED AGENT CHANGE

TCI JACKSONVILLE, LLC

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EXAMINER

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**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. Name of the limited liability company: TCI Jacksonville, LLC
2. (a) Principal office address of limited liability company: 9009 REGENCY SQUARE BLVD
(Note: MUST BE STREET ADDRESS) JACKSONVILLE FL 32211
- (b) Mailing address of limited liability company: 4080 MCGINNIS FERRY RD 1501
(Note: MAY BE POST OFFICE BOX) ALPHARETTA GA 30005

12/15/2004 L04000090613
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: David Vella
Registered Office Address: C/O TRICITY INSTALLATIONS, LLC
16071 FINTO ROAD
FT MYERS FL 33903

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address
- NEW Registered Agent: CT Corporation System
NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

David Vella, Manager
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature] CT Corporation System Marie Edwards Asst. Secretary
(Signature of Registered Agent)

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

NHS18 (05/08)

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