105000032978

| (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: | | | | | |
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Office Use Only



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SECRETARY OF STATE

T. CLINE
OCT - 4 2011
EXAMNER

COVER LETTER

| Division of Co | | | | | | |
|---|--|-------------------|--|------------------------------------|--|---|
| SUBJECT: | TFG N | Maritim () | ne Leasin | g, LLC | | |
| | Name of L | imited I | Liability Cor | npany | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Register | ed Agent/Registered O | ffice Ch | ange and fe | e(s) are submitted f | for filing. | |
| Please return all corre | spondence concerning | this mat | ter to the fol | lowing: | | |
| M | atthew T. Jones Name of Person | | <u></u> | | | |
| Morg | aman & Jones, PA Firm/Company | | | | | |
| 5100 Town | Center Circle, Suite | 300 | | | | |
| | a Raton, FL 33486 //State and Zip Code | ····· | | | 20H OCT -3 SECRETARY | |
| E-mail address: (to be | nes@morgaman.com used for future annual report no | l otification) | | | -3 AMII: ARY OF STAT SSEE. FLORI | |
| For further informatio | n concerning this matte | er, pleas | e call: | | TATE ORIDA | € |
| Matthew Name of | T. Jones Person | _ at (| 561) Area Coo | 226-7620 de & Daytime Telephone | | |
| STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo | porations 3 Center Circle | | Registratio Division of P.O. Box 6 | Corporations | | |
| Enclosed is a | check for the followin | g amou | nt: | | | |
| \$25 Filing I | Fee | | \$55 Filin | g Fee & Certified (| Сору | |

i :

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.

| Name of the limited liability company: | TFG Maritime Leasing, LLC | | | |
|--|---|---|--|--|
| 2. (a) Principal office address of limited liability com | pany: | | | |
| (Note: MUST BE STREET ADDRESS) | 5100 Town Center Circle, Suite 300 Boca Raton, FL 33486 | | | |
| (b) Mailing address of limited liability company: | | | | |
| (Note: MAY BE POST OFFICE BOX) | 5100 Town Center Circle, Boca Raton, FL 33486 | Suite 300 | | |
| 4/4/2005 | L05000032978 | 3 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office showr | on the records of the Florida Dept | . of State: | | |
| Registered Agent: | Matthew T. Jones | | | |
| Registered Office Address: | 3000 W. Cypress Creek Road Ft. Lauderdale, FL 33309 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office address Morgaman & Jones PA | in the second | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 5100 Town Center Circle Suite 300 | が Thus 10 min 10 min | | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the operating agreement of the limited liability company. | the laws of the State of Florida, it is the Florida street address of the region dentical. Or, in the case of a Floridge(s) was/were authorized by an affortherwise provided in the articles of pany. | s hereby stered office la limited firmative vote f organization | | |
| Signature of a member or authorized test establishment of a member | 20 | | | |
| Philip E. Morgaman, Truste | <u>L</u> | | | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com |) nd agree to act in this capacity. I f e proper and complete performanc y position as registered agent as pr o merely reflect a change in the reg pany has been notified in writing o | urther agree to e of my duties, ovided for in istered office f this change. | | |
| Signature of Registered Agent | | | | |