

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

## REGISTERED AGENT CHANGE

TCG ACQUISITION, LLC

Certificate of Status	0
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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: TCG Acquisition LLC		
2.	(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	5900 BROKEN SOUND PARKWAY NW BOCA BATON FL 33487
ı	(b) Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
_ Q-	4/22/2005	L05000039864
3.	Date of filing/registration in Florida	4. Document number
5.	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Agent:	C T CORPORATION SYSTEM
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Agent:	Corporate Creations Network Inc.
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221E Palm Beach Gardens ,FL 33410
that office here liab limi (Sign (Print I hee com) F.S. conf	ne limited liability company is not organized under the la after the change or changes are made, the Florida street ce of the registered agent will be identical. Or, in the caseby confirmed that the change(s) was/were authorized by ility company or as otherwise provided in the articles of ted liability company.  ature of a member or authorized representative of a member)  ela E. Howard On behalf of "Thomas P. Hunt, Senior VP"  sted or typed name of signee)  are by accept the appointment as registered agent and age ply with the provisions of all statutes relative to the property of amiliar with and accept the obligations of my position of all statutes with and accept the obligations of my position of an accept that the limited liability company has been notified	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company to is an affirmative vote of the members of the limited organization or the operating agreement of the
(Sign	ndure of Registered Agent)	

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