## 205000068786

2005 JUL 25 P 2: 3	
SECRETARY OF STAT	E,
(Requestor's Name) ATTASSEE, 1 ETTA	IJμ
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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07/25/05--01057--021 \*\*200.00

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

EL

Pursuant to the provision liability company submits agent, or both, in the State	the following state	.416 or 608.508, Florida Sta ement in order to change its	tutes, the undersigned limited registered office or registered
1. The name of the limited	d liability company	is: TBW, LLC	
		y company is: 1726 7th Ave	nue, Suite 22
Tampa, FL 33605	•		TALLAHASSE!
07/13/2005		L05000068	
3. Date of filing/registrati	on in Florida	4. Document	number
5. The name of the registe Florida Department of S	State:	egistered office address as sho	wn on the records of the
	independent Exe	ecutive Management, LLC	<del></del> . ·
	3001 N. Rocky F	Name Point Drive East, Suite 200	
	Tampa, FL 3360	Address	<del></del>
		ity, State and Zip	<del>_</del>
6. The name and address of	of the new registere	ed agent and/or office:	
	Independent Exc	ecutive Management, LLC	
	1726 7th Avenue	Name e, Suite 22	···
-	Florida street add	lress (P.O. Box NOT acceptab	le)
	Tampa	FL 33605	
	City	y, State and Zip	<del></del>
confirmed that after the ch and the business office of liability company, it is her	ange or changes and the registered agent eby confirmed that I liability company of the limited liability.	or as otherwise provided in the ty company.	ess of the registered office ase of a Florida limited rized by an affirmative vote of
Marco Alessandro Cap	orale		
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F. Gr. if the address, I hereby confirm (Signature of Resistered Asem)	ntment as registeres of all statutes rela l accept the obligat is document is bei that the limited liai	d agent and agree to act in thi ative to the proper and comple tions of my position as register ng filed to merely reflect a chu bility company has been notific	s capacity. I further agree to be performance of my duties, ed agent as provided for in ange in the registered office and in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)