## LD6000009710

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| (Requestor's Name)                      |
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Duninger Entity Name)                  |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: TPC Properties, LLC (Name of Limited  | d Liability Company)  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this m   | atter to the following:   |
| Antonia Hampton  |   |
| (Name of Person)   |   |
| (Firm/Company)   | 07 FEB -7 PH 12: 58   |
| 30743 Iverson Drive  | 7 PM  |
| (Address)  |   |
| Wesley Chapel, Florida 33543 (City/State and Zip Code)   |   |
|  |   |
| For further information concerning this matter, ple  | ase call:   |
| Thomas J. Hampton Sr. at (  (Name of Person)   | 813 ) 907-0328<br>(Area Code & Daytime Telephone Number)  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following am   | ount:   |
| <b>✓</b> \$25 Filing Fee   | \$55 Filing Fee & Certified Copy  |

## \* \*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 limited  | d liability company is: _  | TPC Properties, LLC  |  |   |  |
|---|--|--|--|---|--|
| 2. The mailing address of   | the limited liability com  | pany is :  |  |   |  |
| .30743 Iverson Drive, Wesley Chapel, Florida 33543  |  |  |  |   |  |
| January 26, 2006  |  | L06000009710   | -  |   |  |
| 3. Date of filing/registrati  | on in Florida  | 4. Document nun  | nber   |   |  |
| 5. The name of the registe Florida Department of S  |  | red office address as shown  | on the reco  | rds of the  |  |
| •   | Jeffrey A. Dowd,   | P.A  |  |   |  |
|   | _  | Name   | _  |   |  |
|   | 609 West Lumsder   | ddress   | -  | <u> </u>  |  |
|   | Brandon, Florida 3   |  |  |   |  |
|   | City, S  | tate and Zip   | _  | D   |  |
| 6. The name and address of  | of the new registered age  | nt and/or office:  |  | FILI<br>SECRETARY<br>IVISION OF CO  |  |
|   | Antonia Hampton  |  | -  | BUTT  |  |
|   |  | ame  |  | 7 00 R  |  |
|   | 30743 Iverson Driv   | P.O. Box NOT acceptable)   |  | FOF STAT  |  |
|   | i iorida surcei address (  | 1.0. Dox 1101 acceptable)  |  | 72: 13F   |  |
|   | Wesley Chapel,   | FL 33543   |  | 28 P. S.  |  |
|   | City, Sta  | ite and Zip  |  | ري  |  |
| confirmed that after the chand the business office of   | nange or changes are made<br>the registered agent will<br>reby confirmed that the conted liability company of<br>the district of the limited liability | nder the laws of the State of I de, the Florida street address be identical. Or, in the case thange(s) was/were authorized as otherwise provided in the company. | of the regist<br>of a Florided<br>by an aff                              | stered office<br>a limited<br>irmative vote   |  |
| Thomas J. H<br>(Printed or typed name of signee)  | ampton or,   | <del></del>  |  | -   |  |
| I hereby accept the appoor comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm | intment as registered age<br>is of all statules relative<br>d accept the obligations<br>this document is being fil<br>that the limited liability       | ent and agree to act in this co<br>to the proper and complete p<br>of my position as registered<br>led to merely reflect a change<br>company has been notified i | apacity. I f<br>erformance<br>agent as pr<br>e in the reg<br>n writing o | urther agree to<br>e of my duties,<br>ovided for in<br>istered office<br>f this change. |  |
| (Signature of Registered Agent)   | npon   | <del></del>  |  | į.  |  |

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