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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Turning Point Investment G	Group LLC		
	Limited 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 matter to the following:		
Gregory Baudin			
(Name of Person)	·		
	·		
(Firm/Company)			
(
4040 NW 91st Terrace			
(Address)			
Supring El 22251			
Sunrise, FL 33351 (City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Gregory Baudin	at (561) 909-7501		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$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 limit	ed liability company is:	Turning Point In	vestment Group LLC		······································
2. The mailing address o	f the limited liability co	mpany is : 404	0 NW 91st Terrace		
Sunrise, FL 33351					
					· · · · · ·
July 17, 2006		LC	06000070558		
3. Date of filing/registrat	ion in Florida	4.	Document number		
5. The name of the register Florida Department of		tered office add	dress as shown on the	records of t	he
•	Fabienne Midy				
		Name			
	4040 NW 91st Terrac	е			
Address					
	Sunrise, FL 33351			SE SE	einig tang
	City,	State and Zip		SEP	
6. The name and address of the new registered agent and/or office:					
	Gregory Baudin			ingo ₽	
•	1	Vame	· · · · · · · · · · · · · · · · · · ·	AM 10: 00 Of State E. Florida	
	4040 NW 91st Terrace	€		RA O	The state of the s
	Florida street address	(P.O. Box NO	T acceptable)	DE O	
	Sunrise	FL 33351			
	City, S	tate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are me the registered agent with the registered agent with the reby confirmed that the nited liability company at of the limited liability	ade, the Florida II be identical. change(s) was, or as otherwise company.	a street address of the Or, in the case of a F /were authorized by a	registered of lorida limite n affirmativ	office ed e vote
Tommy Gilbert					
(Printed or typed name of signee))				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as ns of all statutes relative of accept the obligation this document is being f that the limited liabilit	gent and agree to the proper of s of my position filed to merely to y company has	to act in this capacity and complete perform as registered agent o eflect a change in the been notified in writi	i. I further of nance of my as provided registered ng of this ch	igree to duties, for in office iange.
(Signature of Registered Agent)	166				

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