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Office Use Only



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SECRETARY OF STATE
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 13, 2018

Order#: 160869/014

Re: TIG MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: TIG MANAGEME	NT LLC	<u>;</u> _		
2.	(a)	265 NORTH JOY STREET	_ (b)	t t	265 NO	RTH JOY STREET
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	_	Ŋ	Sailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		200			200	
		CORONA, CA 92879			CORONA	A, CA 92879
		05/01/2007	_	_1	L0700004	
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	BUSINESS FILINGS INCORPORATED				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road				:
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			<u></u>
						26 6
		Plantation FI	33324			FILED AR 17 PM 12: 19 AND AREA OF STATE AND AREA SEEF, FLORIDA
	(b)	, 10	30324			第一 二 m
		Corporation Service Company				백유 및 다
	` ' '	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	res	ss:	PSI PSI
		1201 Hays Street				12 A. C
		NEW Registered Office Address:				
			•			
		Tallahassee , FL_	32301			
the age	ent w is/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the limited liab.	ne regist pility con the limit	ter mp tec	ed office cany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Thomas A. Day				Thomas A. Day, Manager		
Signature of a member or authorized representative of a member Printed or typed name of signee						Printed or typed name of signee
pre the to no	ovisio obli mere tifieq	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided if y reflect a change in the registered office address. I he in writing of this change. A Company of Registered Agent Corporation Service Company	erformai for in Cl reby coi	nc ha nfi	ve of mv a upter 605, irm that t	acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President
		Tarkaranos par line combant		-		,,