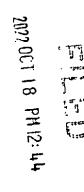
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(Requestor's	Name)
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PICK-UP W	AIT MAIL
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Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	er:
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COVER LETTER

TO: Registration Section Division of Corporations	
Thomson Real Estate Holdings LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
,	-
JOAN B. THOMSON	
Name of Person	
WATERFRONT PROPERTIES, INC.	
Firm/Company	
825 PARKWAY PLAZA #7	
Address	
JUPITER, FL 33477	
City/State and Zip Code	
joanthomson@wfpcc.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Joanie Jarmay	561 746-7272 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
≅ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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 liab	ility company: THOMSON REAL	_ ESTA	TE HOL	DIN	GS, LLC		
7	(a)	825 PARKWAY PLAZ	A	(t	S25 I	PARK	KWAY PLAZA		
	(4)	<u>-</u>	dress of limited liability company: ST BE STREET ADDRESS)	_	·,	1	Mailing address of limited lia (Note: MAY BE POST Q		•
		SUITE 7			SULL	E 7		_	
		JUPITER, FL 33477		_	JUPI	ΓER,	FL 33477		
		07/16/2007			L07000	00732	291		
3.		Date of filing	/registration in Florida	4.			Document number		
5.	(a)	GY CORPORATE SE	RVICES, INC.						
٠.	(41)	Registered Agent and Reg	stered Office shown on the records of the	ne Florida	a Dept. o	f State	– e:	2	
		600 Brickell Avenue					异计)27 (en(77)
		Registered Office Addres	(MUST BE FLORIDA STREET A	DDRES!	2)			2027 OCT 18	ا اندی و:
		Suite 3500						-8	-
		MIAMI	. FL	33131			ALT AHAJSE S	PH I	
	(b)	WATERFRONT PROF	ERTIES, INC.				,	1.2	,
	` ,	Enter name of NEW Regi	stered Agent and/or NEW Registered (Office ad	ldress:		_	-	
		825 PARKWAY PLA	ža Ža						
		NEW Registered Office A	ddress;				<u> </u>		
		SUITE 7							
							_		
		JUPITER	, FL	33477					
ch ag wa	iange ent v as/wt	or changes are made, vill be identical. Or, it requithorized by an af	y is not organized under the law the Florida street address of the r the case of a Florida limited lial firmative vote of the members of the operating agreement of the l	registered in the control of the limited limit	ed offic impany nited lia	e and t, it is bility com	d the business office of s hereby confirmed that y company or as otherw apany.	the regist the chang	ered ge(s)
	Signo	ture of a member or authori	red representative of a member				Printed or typed name of si	gnee	
pr th to	ovisi e obl ntere	by accept the appointmons of all statutes rela igations of my position of reflect a change in it in writing of this cha	ent as registered agent and agre tive to the proper and complete p as registered agent as provided the registered office address, I ha ige.	e to act perform for in (ereby co	in this ance of Chapter onfirm i	capa my a 605, that t	acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply v r with and ent is bein pany has	vith the l accept ng filed been
Si	ignatu	ry of Registered Agent	rksor						

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