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J. SAULSBERRY HelpHNER

AUG 14 2013

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. Name of the limited liability company: TSPFL HOURS, LLC.	·	<u> </u>	
2. (a) Principal office address of limited liability compan	y: 100 Second Avenue North	_ ∑	20
(Note: MUST BE STREET ADDRESS)	St. Potersburg, FL 33701	1.5	ىب
		30.0)Do
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Attention: Teresa Z. Lygole	.₽ 1≫	, 9
	228 St. Charles Avenue, Suite 626	.7.	ü
	Now Orleans, LA 70180	1	
May 8, 2009	L09000045130	770	Ç.
3. Date of filing/registration in Florida	4. Document number	£≥	- ç.s
		<u> </u>	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De		e: ²
Registered Agent:	Civisitro E, Lont		
Registered Office Address:	100 Second Average North St. Petersburg, Ft. 33701	<u>.</u>	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addre	<u></u>	
NEW Registered Agent:	C T Corporation System		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ero C T Corporation System		
	1200 South Pino Island Road		
	Plantation	FL_3332	4
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden	lorida street address of the n	egistered o	ffice

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my quites, and I am familiar with and accept the oblightness of my polition as registered as provided for in Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

CT Corporation system

Signature of Registered Agent

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

INHS18 (05/08)

Torosa Z. Lygato