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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| · (Do | cument Number) | |
| Certified Copies | · | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 16, 2013

Order#: 606298/030

Re: TBSA 1, 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:Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 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.

| 2. (a) Principal office address of limited liability company: 201 S. Biscayne Blvd. (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10/23/2009 2. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State: Registered Agent: Registered Office Address: 201 S. Biscayne Blvd. 25th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | i ra |
|--|--|
| 10/23/2009 10/23/2009 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept of State. Registered Agent: Registered Office Address: 201 S. Biscayne Blvd. 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | To the state of th |
| 10/23/2009 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept of State. Registered Agent: Registered Office Address: 201 S. Biscayne Blvd. 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | The state of the s |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State. Registered Agent: Registered Office Address: 201 S. Biscayne Blvd. 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | E COLLEGE |
| Registered Agent: Registered Office Address: 201 S. Biscayne Blvd. 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| Registered Office Address: 201 S. Biscayne Blvd. 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| 26th Floor Miami, FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| | |
| NIEW Desistand Assets | |
| NEW Registered Agent: Corporation Service Company | |
| NEW Registered Office Address: 1201 Hays Street (MUST BE FLORIDA STREET ADDRESS) | •••• |
| Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vo the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | ote o: |
| Dona Priebe, Authorized Person Printed or typed name of signee | |
| Therefore a second above an existence of a second and a second a second as a second as a second as a second as | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre comply with the provisions of all statutes relative to the proper and complete performance of my duti and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. | ee to ties, tin ice ge. |

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