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Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
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Office Use Only



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APR 14 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations						
TDM LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.					
Please return all correspondence concerning this matter to the fol	lowing:					
THOMAS D MUCKENFUSS III						
Name of Person						
TDMILLC						
Firm/Company						
12063 TERRAVERDE CT UNIT 6						
Address						
FORT MYERS FLORIDA 33908						
City/State and Zip Code						
TD.MUCKENFUSS@GMAIL.COM						
E-mail address: (to be used for future annual report notifica	ition)					
For further information concerning this matter, please call:						
THOMAS D MUCKENFUSS III at (714	412 9930					
Name of Person	Area Code & Daytime Telephone Number					
Registration Section Regis Division of Corporations Divis Clifton Building P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
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 provision's 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	ame of the limited liability company:					
2. (a)	SEE NEXT LINES DOWN		b)	SEE NE	XT LINES DOW	/N
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ('	υ) <u>.</u>	N	Mailing address of limite	
	12063 TERRAVERDE CT UNIT 6			12063 TI	ERRAVERDE C	T
	FORT MYERS FLORIDA 33908	- -		FORT M	YERS FLORIDA	A 33908
	12-14-10		L	1000012	7632	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	SEE NEXT LINE DOWN					
	Registered Agent and Registered Office shown on the records of the	ne Florid	ia D	ept. of State	:	
	IRA FINANCIAL GROUP LLC					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>(S)</u>			200 2
	429 LENOX AVENUE		_			
	MIAMI BEACH .FL	33139	•			
(b)	SEE NEXT LINE DOWN Enter name of NEW Registered Agent and/or NEW Registered C THOMAS D MUCKENFUSS III	Office ac	ddr	ess:		AND
	NEW Registered Office Address:					
	12063 TERRAVERDE CT UNIT 6					
	- LOSS TERROR TO THE CONTROL OF THE					
	FORT MYERS , FL	33908	3			
signa I here provisi the oblion merinical mer	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law in the case of a member of all statutes relative to the proper and complete properties of a change in the registered agent as provided by reflect a change in the registered office address, I had in writing of this change	the regineral the regineral the limited TH	iste om nite lia lO	ered office apany, it is ed liability bility com MAS D N	and the business of hereby confirmed of company or as other pany. MUCKENFUSS Printed or typed name points. I further corrections.	ffice of the registered that the change(s) nerwise provided in III of signee

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