Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE TMF12 LLC

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EXAMINER

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Corporate Filing Menu

Help

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

1. The name of the limited liability company is: TMF12	LLC		
2. (a) Principal office address of the limited liability company:	5118 N 56TH ST	·	
(Note: MUST BE STREET ADDRESS)	TAMPA FL 33610		<u></u>
(b) Mailing address of limited liability company:	PO BOX 311029		
(Note: MAY BE POST OFFICE BOX)	TAMPA FL 33680		<u> </u>
12/21/2011	L11000142787		
 Date of filing/registration in Florida (a) Registered Agent and Registered Office shown of 			
Registered Agent:	CORPORATION SERVICE COM	MPANY.	
Registered Office Address:	1201 HAYS STREET	18 19 19 19 19 19 19 19 19 19 19 19 19 19	_
	TALLAHASSEE FL 3230)	∏o A	
(b) Enter name of NEW Registered Agent and/or NEW R		.08. .9.	C
NEW Registered Agent:	Corporate Creations Network Inc.	55	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E		
(MUST BE FLORIDA STREET ADDRESS)	Palm Beach Gardens FL	33410	
If the limited liability company is not organized under the laws or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company, an affirmative vote of the members of the limited liability company, the operating representative of a member or authorized representative of a member)	l office and the husiness office of the re lit is hereby confirmed that the change(gistered agent will b (s) was/were authori	ized by
by Kristen Espinales as Attorney-in-Fact (Frinted or Typed name of signee)	_ 		
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605 in the registered office address, I hereby confirm that the limite Kristen Espinales, Special Secretary	of my duties, and I am familiar with an , F.S. Or, if this document is being filed d liability company has been notified in	id accept the obligated to merely reflect a	uons oj change
(Signature of Registered Agent) Division of Corporations, P.O. E	Box 6327, Tallahassee, FL 3231	4	
INHS18(10/99)			
Corporate Creations International Inc.			
11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107			