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Division of Corporations
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
TLC RECOVERY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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K. SALY
EXAMINER
JAN 30 2013

H13000022244

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: ILC RECOVERY, LLC

2. (a) Principal office address of limited liability company: 18600 TURNBERRY WAY
APT 50
AVENTURA, FL 33180

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)

SAME AS ABOVE

FEBRUARY 27, 2012

L1200027502

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DANIEL E. TAYLOR, ESQ.

Registered Office Address:

TRIPP SCOTT, P.A.
110 SE 8th STREET, 16th FLOOR
FORT LAUDERDALE, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

ALFRED ALLEN NATION

NEW Registered Office Address:

1550 SE 12th STREET

(MUST BE FLORIDA STREET ADDRESS)

DEERFIELD BEACH, FL 33441

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Katherine Nation
 Signature of a member or authorized representative of a member

KATHERINE NATION, MANAGER
 Printed or typed name of signer

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in 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.

[Signature]
 Signature of Registered Agent

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

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