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COVER LETTER

Registration Section

TO;

INHS18 (2/14)

Division of Corporations THC VENTURES 2, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Edward P Kelly Name of Person Trog Hawley Capital, LLC Firm/Company 501 Village Boulevard, Suite 2 Address West Palm Beach, FL 33409 City/State and Zip Code ekelly@troghawley.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Edward Kelly** Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **△** \$25 Filing Fee

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

Pursuant to the provisions 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. N	ame of the limited liability company: THC VENTU	RES 2, I	LLC					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
3.	04/26/2012 Date of filing/registration in Florida	— - 4.	L130001	15211 Document	numbe	r		
5. (a)				_				
	Registered Agent and Registered Office shown on the records of 354 TONEY PENNA DR	the Florida	Dept. of State	e:				
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 1	ADDRESS)	<u> </u>	_				
	JUPITER , FL	33458		-				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	-	MALANIASS.	ZOIG SEP 26	TOTAL STATE OF THE	
	501 VILLAGE BLVD NEW Registered Office Address:			_	in.	ט ס	1	
	SUITE 2					<u>;</u>		
	WEST PALM BEACH , FL	33409		-	No. of Street	20		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis ability co of the limi limited li	tered office mpany, it is ited liability iability con	e and the bu s hereby co y company npany.	isiness nfirme or as c	office d that otherwi	of the registered the change(s)	
I here provis the ob to mer notifie	ature of a member or authorized representative of a member who accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change. The property of Registered Agent by ANN RYAN MANGLE	ree to act performed d for in C hereby co	in this cap ance of my Chapter 603 onfirm that	Printed or the lacity. I fur duties, and 5, F.S. Or, the limited	ther ac	rree to	comply with the	

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