## L13000129314

(R	equestor's Name)	***
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
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WHAND GUERRA KING PL 1 5505 W GRAY STREET

TAMPA FI 33709 | PHONE, 813 347 5100

Jeffrey C. Rizzo, CP Direct Dial: 813-347-5123 jrizzo@wjandlaw.com

August 4, 2014

Florida Department of State Division of Corporations P.O. Box 6250 Tallahassee, Florida 32314

Re:

TMFL Holdings, LLC

L13000129314

## Dear Sir or Madam:

Please find enclosed find the following document related to the above-referenced corporation:

• Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Please file the same. Also enclosed is a check payable to the Florida Department of State in the amount of \$25.00 representing the filing fee. Should you have any questions, please do not hesitate to contact me. Thank you very much for your assistance.

Sincerely,

Jelfrey C. Rizzo

/jcr Enclosures

## 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. Na	ame of the limited liability company: TMFL Holdin	ngs, LLC	
2. (a)		(b) _	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5505 West Gray Street		
	Tampa, FL 33609		
	9/12/2013	L1	3000129314
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Stephen D. Marlowe (resigned)		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	
			<b>⇒</b> 🗒
(h)	Burton W. Wiand, Receiver		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	<u> </u>
			2. 00 Sept. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	NEW Registered Office Address:		
	5505 West Gray Street		·····
	Tampa	<sub>L</sub> 33609	
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the latter of a member or authorized representative of a member	of the register liability comp s of the limite ne limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
-		avan to get in	
provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing of the property of the prop	gree to act in te performand ted for in Cha I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I are pay a mile may be accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signa	re of Posistered Agent		

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