## L140000 80205

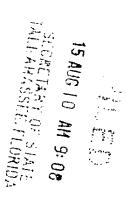
|   | (Requestor's Name)       |             |  |
|---|--------------------------|-------------|--|
| <del></del>                             | (Address)                |             |  |
|   | (Address)                |             |  |
|   | (City/State/Zip/Phone #) | _           |  |
| PICK-U                                  | P WAIT                   | MAIL        |  |
|   | (Business Entity Name)   | <del></del> |  |
| (Document Number)                       |                          |             |  |
| Certified Copies                        | Certificates of S        | Status      |  |
| Special Instructions to Filing Officer: |                          |             |  |
|   |                          |             |  |
|   |                          |             |  |
|   |                          |             |  |
|   |                          | ,,,         |  |

Office Use Only



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AUG 1 1 2015 J SHIVERS

## **COVER LETTER**

| TO: Registration Section Division of Corporations                  |  |  |  |
|--|--|--|--|
| SUBJECT: TMG CONO,   | epis WC                                |  |  |
| Name of Limi   | ted Liability Company                  |  |  |
| Dear Sir or Madam:   |  |  |  |
| The enclosed Registered Agent/Registered Office Chang              | e and fee(s) are submitted for filing. |  |  |
| Please return all correspondence concerning this matter t          | o the following:                       |  |  |
| Thomas D. Walla  | <u>Cle</u>                             |  |  |
| Name of Person  Nenwall Ov   | out Int.                               |  |  |
| 1587 NW 168th Ave  | nue                                    |  |  |
| Pembroka Pines, Stok   | Idn DADV8                              |  |  |
| City/State and Zip Code  |  |  |  |
| Themenwallaroup a armail I com                                     |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |  |  |
| For further information concerning this matter, please ca          | 11:<br>1805 744/6776                   |  |  |
| Name of Person   | Area Code & Daytime Telephone Number   |  |  |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:                       |  |  |
| Registration Section   | Registration Section                   |  |  |
| Division of Corporations   | Division of Corporations               |  |  |
| Clifton Building   | P.O. Box 6327                          |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32301            | Tallahassee, Florida 32314             |  |  |
| Enclosed is a check for the following amount:                      |  |  |  |
| 2 \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy     |  |  |

## 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 submits the following statement in order to change its registered of Florida.  | Statutes, the undersigned limited liability company office or registered agent, or both, in the State of   |
|---|--|
| 1. Name of the limited liability company: 18 0000   | DA Thow 2 BAD Temporale Tible of   |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | Mailing address of limited liability company:  |
| 5/19/2014   | L14000080V05   |
| 3. Date of filing/registration in Florida 4. 5. (a) MUMUM DYDYD W.  | Document number  |
| Registered Agent and Registered Office shown on the records of the Florida    S   | ·  |
| Pumbroho Pinys, FL MM   | 148  |
| (b) The Menwall Group In ( Enter name of NEW Registered Agent and/or NEW Registered Office add  | lress:   |
| NEW Registered Office Address:  | CACTAR<br>CARTAR   |
| Pambrol & Pins Fight  | NAM 9: 08  |
| If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regis agent will be identical. Or in the case of a Florida limited liability co was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited of Signature of a member or authorized representative of a member | tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performathe obligations of my position as registered agent as provided for in C to merely reflect a change in the registered affice address, I hereby conotified in writing of this change.  Signature of Registered Agent  | • •  |

BB1010 (0/1/4)