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| (Reque | estor's Name) | |
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| (Addre | ess) | · <u> </u> |
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| (City/S | tate/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Name | e) |
| (Docur | nent Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
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SECRETARY OF STATE

Y SULTE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|------------------------------------|
| SUBJECT: TB Translation LLC | |
| Name of Limited Liability Compa | iny |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are sub- | mitted for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Ross Feldman Name of Person | |
| New Longvage Capital LCC Firm/Company | |
| 7815 N. Dale Mabry Hwy, Svite 202 Address | |
| Tanga, Florida 33614 City/State and Zip Code | |
| Feldman @ all ignce biz solution S. Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (20) 851-8 Area Code & | 6 90 E Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADD Registration Sect Division of Corporation of C | ion prations |
| Enclosed is a check for the following amount: | |
| S25 Filing Fee S | c Certified Copy |
| INHS18 (2/14) | |

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.

| Name of the limited liability company: TB Trav | nslation | v LC | C | | |
|--|---|---|---|---|--------------------------------------|
| 2. (a) 7815 N. Dalc Mebry Hwy Ste 28. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Tampa, Floris 37617 | 2 (b) 75/5 N. Dala Makry Hwysk 202 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Panpa, Floring 33619 | | | | |
| 3. Date of filing/registration in Florida | - , - | L1900 | 00227496 | | |
| L () | | | Document number | | |
| 5. (a) Following, Ross Registered Agent and Registered Office shown on the records of the | A - P1 - 2 I | 20 | - | | |
| | | | :: | | |
| 7815 N. Dalt Wabry hwy Ste 207 Registered Office Address (MUST BE FLORIDA STREET A | L. | | - | | • |
| | <u> </u> | | | ₩ <u>~</u> | <u> </u> |
| Tanpa | 20 | | • | רר פבט 193 | 2 |
| Tanpq FL | 536 | 17 | - | | 5 7 |
| (b) Registered Agents, Inc. | | | | ASS. | ` ~ |
| (b) Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered 6 | Office add | ress: | - | 177-5 171-5 171-5 | · ! |
| 7901 4th St. N Ste 300 NEW Registered Office Address: | | - | - | AM II: 55 OF STATE | |
| St. Peterburg FL. If the limited liability company is not organized under the law the change or changes are made the Elizabeth and th | s of the S | State of Fl | - orida, it is hereby c | onfirmed that a | fter |
| the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l | bility cor | npany, it i red liabilit | s hereby confirmed | that the change | 1.0 |
| _ Nor m | | | - | | |
| Signature of a member or authorized representative of a member | - | | FEUMAN Printed or typed nam | e of signee | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change. | ee to act t performa I for in Ci ereby coi | n this cap nce of ny hapter 60. nfirm that | acity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liabilit | ree to comply w miliar with and locument is bein v company has l | ith the accept g filed been |
| Signature of Registered Agent | | | | | |
| 5 5 5 7 | | | | | |