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COVER LETTER

то:	Registration Section Division of Corporation	ıs					
SUBJ	ЕСТ:	TRG MC	UNT.	AIN C	REEK	ASM LLC	
3020	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	nclosed Registered Agent	Registered Offic	c Chang	ge and f	cc(s) arc	submitted for filing.	
Plcaso	return all correspondence	concerning this	matter	to the f	ollowing:		
		Marma					
	Name (of Person					
	REGISTERED	AGENTS IN	C.				
	Firm/C	ompany					
	7901 4TH S	T N STE 300					
	Addr	CSS					
	ST. PETERSBU	IRG EL 33702)				
		and Zip Code	<u>-</u>	-	_		
	dylan@there	auitvøroup e	com				
	E-mail address: (to be use			notific	ation)		
For fu	rther information concern	ing this matter, p	lcasc ca	ıll:			
	Dylan Marm	а	,	. 1		619.535.1000	
	Name of Persor		_ at (+1) Arca Co	dc & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314				Street Registr Division The Co 2415 N	Address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	
	Enclosed is a check for the following amount:						
	☎ \$25 Filing Fcc			Q \$5	5 Filing F	cc & Certified Copy	
INHSI	8 (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.

1. N a	ame of the limited liability company:TRG M	OUNTAIN C	REEK ASM LLC
2. (a)	401 E Jackson St Ste 3300 Tampa, FL 33602	2 (b) 401	LE Jackson St Ste 3300 Tampa, FL 3360
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			11000 495554
<u>. </u>	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agents Inc.		
•	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	of State:
	7901 4TH ST N STE 300		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	ST. PETERSBURG , F	 L33702	
(b)	Virtual Post Solutions, Inc.		<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	<u>. </u>
	1032 E Brandon Blvd.		
	NEW Registered Office Address:		
	Brandon	33511	
hange gent w vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the	iws of the State of cregistered officiability company of the limited lie	cc and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signati	ure of a member or authorized representative of a member		Printed or typed name of signee
provision he obli o mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to act in this e performance of ed for in Chapte hercby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accep, r 605, F.S. Or, if this document is being filed that the limited liability company has been

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