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Requestor's Name ALLAN M. GLASER, P.A. ATTORNEY AT LAW
BISCAYNE CENTRE, SUITE 807 11900 BISCAYNE BOULEVARD MIAMI, FL 33181 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability 800002291428---09/12/97--01025--021 Change of Registered Agent Domestication Dissolution/Withdrawal *****35.00 *****35.00 Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

liubility company organiz	ins of sections 608.416 or 608.508, Florida Statutes sed under the laws of the State of Florida stement in order to change its registered office or ref (PLEASE PRINT)	-
•	ted liability company is: TP Holding, LLC	
lb The mailing address	of the limited liability company is: 245 - 22nd	d Street Mismi
Beach, Florida	33139	z ocreec, minimi
1c. Date of filing/registra	ation in Florida: 5/6/97 Document number	<u>L970∰0000</u> ∰7
2. The name and address	of the current registered agent and office:	FILE 18 SSEE
	Peter Thomas	ED AM 9: PLOS
	245 - 22nd Street	9: 15 ⁵ ÄlőA
	Miami Beach, FL 33139	
o. The haire and address	of the new registered agent and office: (P.O. Box No. Clive H. Powell	OT ACCEPTABLE)
	245 - 22nd Street	_
	Miami Beach, FL 33139	
Such change was authorize company or as provided in	the articles of organization or the regulations of the lim	A A
(2) Bustme of a metapet of anti	horized representative of a member)	(Date)
Clive H. Powell		
(Printed or typed name Having been named as reg liability company, I hereb capacity, I further agree complete performance of m as registered agent.	sistered agent and to accept service of process for the accept the appointment as registered agent and to comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the object that the object the object that the object the object that t	d agree to act in this tive to the proper and ligations of my position
Cellut	settl 9/	9 7 (Date)
(Signature of Resignere	d Agent)	(Date)
Division	of Corporations, P.O. Box 6327, Tallahassee, FI	. 32314
	FII INC FFF, \$25 00	

FILING FEE: S35.00

INHS 18(1-96)