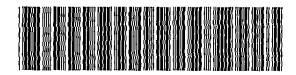
## M03000002175

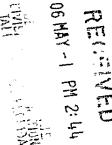
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300071590123

05/02/06--01002--007 \*\*25.00



2006 APR 28 PM 3: 50



515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** ED DATE: 05/01/06 **REF. #:** 0438.51329 CORP. NAME: THI OF FLORIDA, LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) ANNUAL REPORT ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) FOREIGN QUALIFICATION ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION (X) OTHER: CHANGE OF AGENT FOR \$ 25.00 STATE FEES PREPAID WITH CHECK# \_\_\_\_ **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_ PLEASE RETURN: (X) PLAIN STAMPED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) CERTIFIED COPY ( ) CERTIFICATE OF STATUS

ORPDIRECT AGENTS, INC. (formerly CCRS)

Examiner's Initials

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or ooth, in the Stat	e of rioriaa.			
1. The name of the limite	ed liability company	is:		
	TH	of Florida, LLC		
2. The mailing address o	•	company is : OK RD, SPARKS, MD 2	21152	
7/2/03		M03000002175		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of	ered agent and the reg State:	gistered office address	as shown on the	records of the
	NRA	I SERVICES, INC.		
Name 28				
	2731 EXECUT	IVE PARK DRIVE, SUITI	E 4	SEC
		Address		另 ≅第
	WESTON		33331	SECRETAR DIVISION USE 2006 APR 28
	Cit	y, State and Zip	•	
6. The name and address of	of the new registered	agent and/or office:		ED STAJE
	National Corp	orate Research, Ltd.,	, inc.	7. j.
		Name st Park Avenue	<del>.,,</del>	50
•	Florida street addre	ess (P.O. Box NOT acc	ceptable)	
	Tallahassee	FL 32301		
	City,	State and Zip		_
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent veby confirmed that the little diability compant of the limited liability.	made, the Florida street will be identical. Or, in the change(s) was/were ty or as otherwise proving ty company.	et address of the re in the case of a Flo authorized by an	egistered office orida limited affirmative vote
Meli	ssa Warlow			
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation to th	tment as registered of all statutes relati accept the obligatio is document is being hat the limited liabil	agent and agree to act ve to the proper and co ns of my position as re filed to merely reflect ity company has been	t in this capacity, omplete performa zgistered agent as t a change in the r notified in writing	I further agree to nce of my duties, provided for egistered office g of this change.
(Signature of Registered Agent)				