

(R	equestor's Name)				
(Address)					
(Address)					
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
:					

Office Use Only



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MAR 1 5 2016 S. YOUNG SECRETARY OF STATE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 10, 2016

Order#: 048074-183

Re: THI OF FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

SECRETARY OF STATE ALL AND SECRETARY OF STATE OF

## 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.	Na	ame of the limited liability company: THI OF FLORIDA	A, LLC	·
2.	(a)		(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		920 Ridgebrook Rd.		
		Sparks, MD 21152		
		01/04/2005	MO	03000002175
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	NAtional Corporate Research, Ltd., Inc.		
	. ,	Registered Agent and Registered Office shown on the records of the	e Florida Dept	SECRETARY ALLAHASSE AND MAR 14
		Registered Office Address (MUST BE FLORIDA STREET A	DD D E C CO	——————————————————————————————————————
		,		(S)
		115 North Calhoun St., Suite 4		<del></del>
		Tallahassee , FL	32301	
	(b)	Corporation Service Company		3
	(U)	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	<del></del>
		1201 Hays Street		
		NEW Registered Office Address:		
			<u> </u>	<del></del>
		Tallahassee , FL	32301	
the ag wa	e cha ent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered bility compa the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in illity company.
-	Signa	ture of a member or authorized representative of a member		Ken Tabley Authorized Person Printed or typed name of signee
no	щи	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.		
Si	gnatu	are of Registered Agent Corporation Service Company	BY: Grace	e E. Kirby, Assistant Vice President