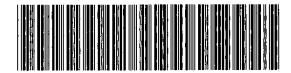
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B. KOHR MAY 2 9 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE :

999615

7288091

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 19, 2009

ORDER TIME : 11:18 AM

ORDER NO. : 999615-177

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME: TCPC ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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.

1. Name of the limited liability company: TCPC ASS	SOCIATES, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 730 Third Avenue, 8th Floor New York, NY 10017
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FLET 28
10/18/2005	M05000005857
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL_32301
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.	treet address of the registered office and the business be case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
(Signature of a member of authorized representative of a member)	
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noting the corporation Service Company. By:	ed agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, t a change in the registered office address, I hereby fied in writing of this change.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

Company of the second