

Division of Corporations

Page 1 of 3

MO7000001779

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000086167 3)))



H140000861673ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6383

Please retain original filing
date of submission 4/10/14

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
TTEM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

14 APR 10 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

RECEIVED

14 APR 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 16 2014
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

4/15/2014 12:04:40 PM PAGE 1/001 Fax Server



April 15, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TTEM, LLC
1515 S. FEDERAL HIGHWAY
SUITE 401
BOCA RATON, FL 33432

SUBJECT: TTEM, LLC
REF: M07000001779

RE-SUBMIT

Please retain original filing
date of submission 4/19/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to our records the current registered agent is Corporation Service Company. Please adjust your application accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H14000086167
Letter Number: 814A00008051

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. Name of the limited liability company: TTEM, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

03/26/2007

M07000001779

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

FL 32301-2525

(b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John Eenigenburg

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Kristin Bolden
Signature of Registered Agent Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INH818 (2/14)

APPROVED
AND
FILED
14 APR 10 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA