

M08000005379

Florida Department of State
Division of Corporations
Public Access System

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.

(((H08000274025 3)))



H080002740253ABC

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

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

RECEIVED

2008 DEC 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

CANARY ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

08 DEC 15 AM 10:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

DEC 19 2008

EXAMINER

BLUMBERGEXCELSIOR

Fax: 888-692-9256

** Transmit Conf. Report **

P.1

Dec 15 2008 16:00

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
18506176380	NORMAL	15,16:00	0'55"	2	OK	

Division of Corporations

Page 1 of 1

12/8
NOT FILED
DID NOT
RECEIVE
A REJECTION?

Florida Department of State
Division of Corporations
Public Access System

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.

(((H08000274025 3)))



H080002740253ABC

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

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

REGISTERED AGENT CHANGE

CANARY ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	n

**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: CANARY ACQUISITIONS, LLC

2. (a) Principal office address of limited liability company: 9 DAMONMILL SQ., #1A, CONCORD, MA 01742
(Note: **MUST BE STREET ADDRESS**)

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

12/11/2008

MD8000005378

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Registered Office Address:

4435 OLD WINTER GARDEN RD., ORLANDO, FL 32811

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

615 EAST PARK AVE.

(**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE

FL 32301

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)

TVPX ACQUISITIONS, INC., MANAGING MEMBER, TOBIAS KLEITMAN, PRES OF MEMBER

(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 608, 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.

(Signature of Registered Agent)

JOSE MOJICA, ASST.
SECY.

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

NHS18 (05/08)