

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC REGISTERED AGENT CHANGE TDM FRANCHISING, LLC

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FAX COVER SHEET

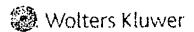
ТО	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2019-01-18 15:45:25 CST
RE	TDMFranchising, LLC

COVER MESSAGE

Thank you,

Patrick Duffy
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, OF 19801, www.wolterskluwer.com

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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.

TDM Franchising, LLC

I. Ni	ame of the limited liability company: TDM Franci	hising, LLC				
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 325 BIC DRIVE	y:	(b)			
	MILFORD, CT 06461	M:	MILFORD, CT 06461			
	11/12/2010	M1)	0000005004			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Registered Agent and Registered Office shown on the recon- CORPORATION SERVICE COMPANY Registered Office Address (ATUST BE FLORIDA STRE		of State:			
	TALLAHASSEE	32301-2525	19 JAN			
(b)	Enter name of NEW Registered Agent and/or NEW Regis C T Corporation System	7 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3				
	NEW Registerec Office Address: 1200 South Pine Island Road	<u>୍</u> ଥିତ ପ୍ର				
	Plantation	.FL ³³³²⁴				
the chai agent w was/we the artic	mited fiability company is not organized under the nige or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limitore authorized by an affirmative vote of the membeless of organization or the operating agreement of	te laws of the Stat ss of the registere and liability compa ers of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.			
Signat	ure of a member or authorized representative of a member	• • •	Printed or typed name of signee			
provisio he obli la mere	by accept the appointment as registered agent and compose of all statues relative to the proper and composition as registered agent as profly reflect a change in the registered office addrest in writing of this change.	olete performance vided for in Chap is, I hereby confir	of my duties, and I am familiar with and accept ner 605, F.S. Or, if this document is being filed m that the limited liability company has been			
	rporation System		h Argilik Pesida d			
Signatur	e of Registered Agent	and Assista				
	Division of Corporations • P. FILIN	.O. Box 6327 • T G FEE: \$25.00	allahassee, FL 32314			

INES18 (2/14)

By: