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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2015

DIANA MALDONADO 545 E. JOHN CARPENTER FREEWAY, STE 500 IRVING, TX 75062

SUBJECT: TLG FAMILY MANAGEMENT, LLC

Ref. Number: M15000000680

We have received your document for TLG FAMILY MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 015A00017094

THE LASALLE GROUP

August 3, 2015

Florida Department of State 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

Attn: Registration Section, Division of Corporations

Re: TLG Family Management, LLC - Statement of Change of Registered Agent

Dear Sir or Madam:

I have enclosed the following on behalf of TLG Family Management, LLC:

- Completed cover letter;
- · Completed and signed Statement of Change of Registered Agent; and
- Check no. 14442 in the amount of \$35.00 representing payment of fees.

If you have any questions or require additional information, please feel free to contact me at (214) 845-4403 or via email at <a href="mailto:dmailto:

Sincerely,

Diana Maldonado

Senior Paralegal

The LaSalle Group, Inc.

Siara Merdonado

Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	TLG Family Management, LLC							
0020.		e of Limited Liability Company						
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning this	s matter to the following:						
Diana	a Maldonado							
•	Name of Person							
The L	_aSalle Group, Inc.							
	Firm/Company							
545 E	E. John Carpenter Freeway, Ste. 5	00						
	Address							
Irving	g, TX 75062							
	City/State and Zip Code							
dmal	donado@lasallegroup.com							
F	3-mail address: (to be used for future annu	ual report notification)						
For fu	rther information concerning this matter,	please call:						
Diana	a Maldonado	214 845-4500						
	Name of Person	Area Code & Daytime Telephone Numbe						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	amount:						
	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
INHSI	18 (2/14)							

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	me of the limited liability company: TLG Family Ma	anag	ement, LL	C				
2.	(a)	545 E. John Carpenter Freeway		(b) Same					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address o				:
		Suite 500							•
	Ē	Irving, TX 75062	- - · ·			,			
		07/30/2008		M15000	000680				
3.		Date of filing/registration in Florida	4.		Document nu	mber			
5.	(a)	CT Corporation System							
٥,	(4)	Registered Agent and Registered Office shown on the records of the	e Florid	da Dept. of Sta	ie;				
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u></u>	-				
		1200 South Pine Island Road							
		Plantation ,FL 3	3324	4 .	_				
	(b)	Corporation Service Company	ę	y Σων					
	,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice a	ddress:	بر پر	28.	2115 AUG		
		NEW Registered Office Address:			- :	TARY			
		1201 Hays Street				9	U		
		Tallahassee , FL 3	230	1	_ UKIUA	STATE	بب د	<u>ب</u>	سد ^{بنی} ای
the ag	e cha ent v as/wa	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the clear of organization or the operating agreement of the line	ne reg ility of the lift mited	pistered offic company, it mited liabili l liability con	e and the busir is hereby confinity company or a mpany.	ness of rmed as oth	ffice of that the terwise	f the regis e change(s provided	tered
-	:/ Signa	ture of a member or authorized representative of a member		avid S. Sta	rr, VP and G				
I prothe	here ovisi e obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete perigations of my position as registered agent as provided per period of the change in the registered office address, I held in writing of this change.	erjoii for in reby	ct in this cap nance of my Chapter 60 confirm that	acito I funibe	יי ממזיג	20 10 00	omalo with	i the ccept filed en
Z	griatu	te of Registered Agent Kaci Ranson Asst. See Ring	z-						

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