2/7/2018



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(((H18000045628 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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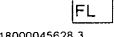
LLC REGISTERED AGENT CHANGE TCSC ACQUISITION, LLC

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TO: Registration Section Division of Corporations

TCSC ACQUISITION, LLC

Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		•
notices@rasi.com		
E-mail address: (to be used for future annual	report notifica	ition)
For further information concerning this matter, ple	ease call:	
Mary Castillo	888	705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following an	nount:	

INHS18 (2/14)

2 \$25 Filing Fee

H18000045628 3 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

(a)	Principal office address of limited lia	bility company:	_ ((b) Mailing address of limite		
	(Note: MUST BE STREET A	DDRESS)		(Note: MAY RE POS		
	6705 RED RD, STE 700		_	6705 RED RD, STE 700		
	CORAL GABLES, FL	33143	_	CORAL GABLES, FL	33143	
	07/05/2017			M17000005701		
	Date of filing/registration in	Florida	4.	Document number	-	
7.3				;		
(a)	Registered Agent and Registered Office show	vn on the records of	the Florie	da Dept, of State;		
	CT CORPORATION SY					
	Registered Office Address (MUST BE F		ADDRES	<u>(22)</u>	§:	
	1200 S PINE ISLAND RD				, LU LU LU	
	PLANTATION, FL 33324				N (1)	
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				<i>.</i> ÷		
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(b)		, NPM D	10000	· ·	3-	
(b)		for <u>NEW Registeres</u>	Office s	iddicəzə:	ب م	
(b)	Enter name of NEW Registered Agent and		l Office s	nddress:	7 NH 9: 58	
(b)	Enter name of <u>NEW Registered Agent</u> and Registered Agent Solutions, I		l Office s	nddress:	ب ب	
(b)	Enter name of NEW Registered Agent and		l Office s	address:	ب ب	

the articles of organization or the operating agreement of the limited liability company.

151 Anthony Remoc

Anthony Romeo

Manager

Signature of a member or authorized representative of a member

Printed or typed name of signce

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 spring of this change.

Justine Karnell Signature of Registered Agent Assistant Secretary

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