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To:

Division of Corporations

Fax Number : (850)617-6380

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.\*\*

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## **REGISTERED AGENT CHANGE** TNW CORPORATION

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## **COVER LETTER**

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Division of (	Section lorposations				
SUBJECT:	TNW CORPO	RATION			
50202021	Name of	Corporation			
DOCUMENT NUM	BER:	00000005836			
The enclosed Stateme	ent of Change of Registered Offi	ice/Agent and fee are subm	itted for filling.		
	espondence concerning this mate		_		
	Jenni 1	Partridge			
-	Name of C	oniact Person	<del></del>		
	TNW Corporation				
_	Firm/Company				
	1250 Broadway, 26th Floor				
_	Address				
	New York	k, NY 10001			
_	City/State	and Zip Code			
	Jenni.Partridge@	Dviv mocorp.com			
E	-mail address: (to be used for	future annual report noti	fication)		
For further information	on concerning this matter, please	call:			
	Jouni Partridge	at (	660-2724		
Name	of Contact Person	Area Code & Dayt	ime Telephone Number		
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.			
	Mailing Address: Amendment Section	Street Address Amendment S	ection		
	Division of Corporations P.O. Box 6327	Division of C Clifton Buildi			
	Tallahassee, FL 32314		e Center Circle		

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submit	tted for a corporation organi	2, 607.1508, or 617.1508, Flori ized under the laws of the State red agent, or both, in the State (	of Florida
1. The name of the corporation			, , , , , , , , , , , , , , , , , , ,
2. The principal office address DESTIN FL 32541	9: 808 WILD OAK AVE		
3. The mailing address (if diff			
4. Date of incorporation/quali	ification: 01/19/2000	Document number:	P00000005836
	ss of the current registered age: (If resigned, enter resigned	gent and registered office on file 1)	with the
WEIDENHA	amer, thomas e		
808 WILD C	DAK AVE		<del></del>
DESTIN FL	32541 US		
6. The name and street addres (if changed):	ss of the new registered agen	t (if changed) and /or registered	蓝
C T Curpora	tion System		P
c/o C T Corp	poration System, 1200 South P		 
Plantation F	P.O. Box. NOT Lorida 33324	acceptable	<u>ن</u> ت
The street address of its regi as changed will be identical.	stered office and the street	address of the business office of	
Such change was authorized authorized by the board, or t	l by resolution duly adopted the corporation has been no	by its board of directors or by tified in writing of the change.	an officer so
loser	ta les	Roberta Kraus, S	•
I hereby accept the appoints I further agree to comply wi of my duties, and I am famil accument is being filed mercorporation has been notified.	nent as registered agent an ith the provisions of all stati iar with and accept the obli ely to reflect a change in the ed in writing of this change.	d agree to act in this capacity, ites relative to the proper and gation of my position as regist e registered office address, I ha	
By: CT Corporation S Signature of Registe	Re Carty	5/16/201	
If signing on behalf of an en Joanne Me	ccanny		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)