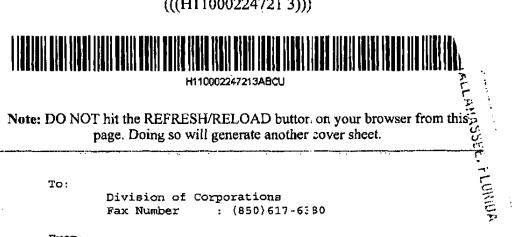
Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE TBE GROUP (MICHIGAN), INC.

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Certificate of Status	0
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Page Count	02
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9/13/2011

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

statement of ch	ange is submitted for a co	rporation organized	107.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of Florida
1. The name of	the corporation: TBE Grou	ıp (Michigan), Inc.		
			JITE 300, CLEARWATER	FL 33759
3. The mailing	address (if different):			
4. Date of incor	poration/qualification:	8/14/200)	Document number:	P01000079864
5. The name an Florida Depa	d street address of the curr utment of State: (If resigne	ent registered agen ed, enter resigned)	t and reg stered office on fi	
	BUSH ROSS REGISTER	ED AGENT SERV	ICES, LLC	FO S
	1801 N HIGHLAND AV	E		
	TAMPA FL 33602			SSE TO
6. The name an (if changed):		registered agent (i	f changed) and /or registere	TALLAHASSEE, FLORID
	C T Corporation System			- Em
	c/o C T Corporation Syste	em, 1200 South Pine	Island Read	
		P.O Box NOT aco	eptable	
	Plantation, Florida 33324		-	
The street address changed will	ess of its registered office be identical.	e and the street add	lress of the business office	e of its registered agent,
Such change wauthorized by t	as authorized by resolution he board, or the corporati	on duly adopted by on has been notific	rits board of directors or led in writing of the chang	by an officer so
Osh	les Pupek		Ashley Pipes, Vic	
hereby accept further agree of my duties, ar tocument is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and a ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as reg gistered office address, I	
By: KOT	Corporation System		6/30/20	
Sig	Mature of Registered Agent		Date	·
f signing on bo	chalf of an entity:			
Kristin	Bolden, Assistant Secretary			
7	Typed or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 63:7, TALLAHASSEE, FL 32314 CR2E045 (\$405)