P01000085673

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ry/State/Zip/Phon | e #) |
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| PICK-UP | MAIT | MAIL |
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| (Bu | siness Entity Na | me) |
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| (1)0 | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only





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SECRETARY OF STATE

R.A. Change

18 5-23-08

COVER LETTER

To:

CR2E045 (8/05)

| To: Amendment Sec Division of Corp | | |
|---------------------------------------|--|---|
| SUBJECT: | TBE Internation | nal Group, Inc. |
| | (Name of Corpo | oration) |
| DOCUMENT NUMBI | CR: <u>P01000085673</u> | |
| | of Change of Registered Off ondence concerning this mat | ice/Agent and fee are submitted for filing. ter to the following: |
| | Celeste Perr | ino |
| | (Name of Conta | |
| | Rush Ross | P.A. |
| | (Firm/Com | |
| | 100137 4 77 | • |
| <u> </u> | 1801 North Hig (Addres | thland Avenue |
| | (ridares | 3) |
| | | ida 33602 |
| | (City/State and Z | ip Code) |
| For further information | concerning this matter, please | e call: |
| Celeste Perrino | at (| 813) 204-6425 |
| (Name of Contac | t Person) (| Area Code& Daytime Telephone Number) |
| | | |
| Enclosed is a \$35.00 che | ck made payable to the Depa | artment of State. |
| <u>M</u> | ailing Address: | Street Address: |
| | mendment Section | Amendment Section |
| | ivision of Corporations | Division of Corporations |
| | O. Box 6327 Illahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| 1. | inanassee, FL 32314 | i ananassee, FL 32301 |
| • | | |
| | | · · |



May 15, 2008

CELESTE PERRINO BUSH ROSS, P.A. 1801 N HIGHLAND AVE TAMPA, FL 33602

SUBJECT: TBE INTERNATIONAL GROUP, INC.

Ref. Number: P01000085673

We have received your document for TBE INTERNATIONAL GROUP, INC. 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 registered agent must sign accepting the designation.

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) 245-6925.

Letter Number: 308A00030867

Teresa Brown Regulatory Specialist II

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | The name of the corporation: TBE International Group, Inc. | | |
|---------------------|---|--|--|
| 2. | The principal office address: 380 Park Place Blvd., Ste. 300, Clearwater, FL 33759 | | |
| 3. | The mailing address (if different): 380 Park Place Blvd., Ste. 300, Clearwater, FL 33759 | | |
| 4. | Date of incorporation/qualification: 08/29/2001 Document number: P01000085673 | | |
| 5. | The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | |
| | Edward O. Savitz | | |
| | 220 S. Franklin Street | | |
| | Tampa, FL 33602 | | |
| 6. | The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bush Ross Registered Agent Services, LLC 1801 North Highland Avenue Tarma Florida 33602 | | |
| | Bush Ross Registered Agent Services, LLC | | |
| | 1801 North Highland Avenue | | |
| | Tampa, Florida 33602 | | |
| | e street address of its registered office and the street address of the business office of its registered agent, changed will be identical. | | |
| | th change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board, or the corporation has been notified in writing of the change. | | |
| | (Signature of an officer or director) Caiò D. Sayder S., VP CFO (Printed or typed name and title) | | |
| | (Signature of an officer or director) (Printed or typed name and title) | | |
| I fi of i doc | rther agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Of, if this nument is being filed merely to reflect a change in the registered office address, I hereby confirm that the poration has been notified in writing of this change | | |
| | (Signature of Registered Agent) May 20 20% (Date) | | |
| lf s | igning on behalf of an entity: | | |
| (| (Typed or Printed Name) | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)