## P02000062894

TAMPA OFFICE
2700'BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
P.O. BOX (102 (33601)

TÂMPA, FLORIDA 33602-5150
TELEPHONE (813) 223-7474
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KEMKER

Attorneys At Law

PLEASE REPLY TO

ST. PETERSBURG OFFICE
BANK OF AMERICA TOWER
200 CENTRAL AVENUE, SUITE 1230
ST. PETERSBURG, FLORIDA 33701
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www.trenam.com

-09/06/02--01011--002 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Tampa

September 4, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

TM ACLF Acquisition, Inc.

Our File No. 02-2050

Dear Madam or Sir:

Enclosed please find a Statement of Change of Registered Office and Agent, together with a check for \$35.00 to cover the filing fee.

Please acknowledge receipt of this letter and its enclosure by placing your receiving stamp on the duplicate copy of this letter and returning it to the undersigned in the enclosed self-addressed envelope.

Thank you.

Sincerely,

Tara McManus

Paralegal

Enclosures /tm

RAIROChange

OZ SEP -6 IAM II 1 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

| 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: TM ACLF Acquisition, Inc.   |
| 2. The principal office address: 5008 San Miguel Street   |
| Tampa, FL 33629   |
| 3. The mailing address (if different): N/A  |
|   |
| 4. Date of incorporation/qualification: 6/6/02 Document number: P02000062894  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| CFRA, Inc.  |
| One Harbour Place   |
| 777 S. Harbour Island Blvd.  Tampa, FL 33602-5730   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Nelson T. Castellano  |
| 101 E. Kennedy Blvd., Ste. 2700   |
| (P.O. Box or personal mailbox NOT acceptable)   |
| Tampa, FL 33602   |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| Signature of an officer, chairman or vice chairman of the board)  Timothy Muscaro, Sole Director (Printed or typed name and title)  |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered of the confirm that the corporation has been notified in writing of this charge. |
| YMHA September 3 2002 52 P  |
| (Signature of Registered Agent)  f signing on behalf of an entity:  |
| Nelson T Castallana   |
| (Typed or Printed Name)  Registered Agent (Capacity)  |
| * * * FILING FEE: \$35.00 * * *   |
| Make checks payable to Florida Department of State and Mail to:  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314   |