P06000021883

(Re	equestor's Name)	
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. PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

C.COULLIETTE

JUL 07 2009

EXAMINER

COVER LETTER

Amendment Section

TO:

CR2E045 (8/05)

Division of	Corporations	
SUBJECT:	TGF REAL ES	STATE, INC Corporation
DOCUMENT NU	MBER: P06	5000021883
The enclosed States	nent of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all con	respondence concerning this matte	er to the following:
•	Lodoisk Name of Co	a Garcia ontact Person
		Estate, Inc.
	11255 S.W. 211 Avenue Address	
	Miami, F City/State a	FL 33189 and Zip Code
	E-mail address: (to be used for	future annual report notification)
For further informa	tion concerning this matter, please	call:
	Lodoiska Garcia	at (305) 278-0200, ext. 1023 Area Code & Daytime Telephone Number
J	ne of Contact Person O check made payable to the Depar	•
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida
	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: TGF REAL ESTATE, INC.
2. The principal of	fice address: 11255 S.W. 211 Street, Miami, FL 33189
3. The mailing add	lress (if different):
4. Date of incorpor	ration/qualification: 2/14/2006 Document number: P06000021883
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
<u>_L</u>	odoiska Garcia
_1	1255 S.W. 211th Street 25 9
<u>.</u>	Mami, FL 33189 Treet address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) age
6. The name and so (if changed):	treet address of the new registered agent (if changed) and /or registered office()
N	Mark A. Romance
<u>2</u>	201 S. Biscayne Boulevard, Suite 1000 P.O. Box NOT acceptable
<u>N</u>	Mami, FL 33131
	of its registered office and the street address of the business office of its registered agent, eidentical.
Such/change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
) 1 · /	Span of director Codo ISKa Cakin Sec.
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this if the filed merely to reflect a change in the registered office address, I hereby confirm that the teen notified in writing of this change.
Signat	ure of Registered Agent 5 / 26 / 0 9 Date
If signing on beha	of an entity:
Туро	ed or Printed Name
	* * * FILING FEE: \$35.00 * * *

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