PD60000001883

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

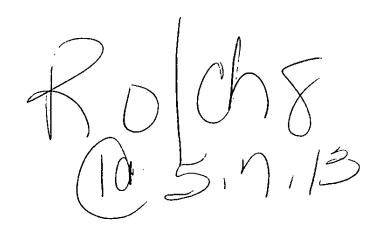
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COVER LETTER

Amendment Section TO: Division of Corporations

TGF Real Estate, Inc

Name of Corporation

206000021883

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lodoiska Garcia

Name of Contact Person

TGF Real Estate, Inc.

Firm/Company

11255 SW 211th Street

Address

Miami, FI - 33189

City/State and Zip Code

julianaalbino@americancare.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

.odoiska Garcia

at (305) 278 0200 ext 1034 Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Fiden ange is submitted for a corporation organized under the laws of the Stater to change its registered office or registered agent, or both, in the Stater	nte of Florida
1. The name of	the corporation: TGF Real Estate, Inc all office address: 11255 SW 211th Street Miami, FI - 331	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 02/14/2006 Document number: Pe	06000021883
5. The name and	nd street address of the current registered agent and registered office on artment of State: (If resigned, enter resigned)	file with the
	Romance, Mark A	
	201 S. Biscayne Blvd, Suite 1000	
	Miami, Fl 33131	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registe:	red office
	Romance, Mark A	
	396 Alhambra Circle North Tower, 14 Floor	13 HAY -2
	P.O. Box NOT acceptable Miami, Florida 33134	-2 M 1:2:
The street addr	ress of its registered office and the street address of the business office libe identical.	e of its registered agent,
Such shange w authorized by t	vas authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the chang	by an officer so ge.
	Lodoiska Gard	
I hereby accen	Printed or typed name of the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and formalliar with and accept the obligation of my phis document is being filed merely to reflect a change in the registerent that the corporation has been notified in writing of this change.	tv
///h /	04/03/20)13
Si	ignature of Registered Agent Date	
If signing on be	pehalf of an entity:	
	Typed or Printed Name	

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