## P07000097701

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R-A. Charge C.COULLIETTE OCT 27 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co.	rporations		
SUBJECT:	TFCC, I	INC.	
	Name of C	Corporation	
DOCUMENT NUMB	er:P07	000097701	
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are submitt	ed for filing.
Please return all corresp	oondence concerning this matte	er to the following:	
	LISA I. GLAS Name of Co	SSMAN, ESQ.	<u>.</u>
	LISA I. GLAS	SSMAN, P.A.	····
		9TH AVENUE	
	AVENTURA City/State a	A, FL 33180 nd Zip Code	
E-n	nail address: (to be used for t	future annual report notifi	cation)
For further information	concerning this matter, please	call:	
Lisa I. (	Glassman, Esg.	at ( 305 \	792-7240
Name o	Glassman, Esq. f Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

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

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida
1. The name of	the corporation: TFC	CC, INC.		
2. The principal	office address: 318 In	dian Trace, #22	5, Weston, FL 33326	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	08/30/2007	Document number:	P07000097701
	d street address of the curtiment of State: (If resign		nt and registered office on	file with the
	Lisa I. Glassman,	Esq.		
	2627 N.E. 203rd S	Street, #100		
	Aventura, Florida	33180		7AE
6. The name and (if changed):	d street address of the ne	ew registered agent (	(if changed) and /or register	red office PARAGE
	Lisa I. Glassman,	Esq.		
	18851 N.E. 29th A	Avenue # 700	)	
	Aventura, FL 3318		ссерыне	02
The street addreas changed will	ess of its registered offi be identical.	ce and the street ad	ldress of the business offic	ce of its registered agent,
Such change wa	as authorized by resolu he board, or the corpora	tion duly adopted bation has been notif	by its board of directors or fied in writing of the chan	by an officer so
(In g	ire of an officer or director		Lori Flennike	
I hereby accept I further agree of my duties, an document is bet corporation ha		gistered agent and obsisions of all statute and accept the obligation of the control of the control of this change.		ity.  Ind complete performance  pistered agent. Or, if this  I hereby confirm that the
If signing on be	chalf of an entity:			
	a I. Glassman, Esq.			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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