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Florida Department of State Division of Corporations

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REGISTERED AGENT CHANGE TCR N.F. MULTI-FAMILY, INC.

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the State	of Texas	· · · · · ·	
1. The name of t	TCR N.F. Multi-Famil	y, Inc.			
2. The principal	office address:				
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification: 03/11/1992	Document number;	P37903		
5. The name and	d street address of the current registered trainent of State: (If resigned, enter resig	l agent and registered office on fi			
	CORPORATION SERVICE COMPAN	IY			
	1201 HAYS STREET				
	TALLAHASSEE FL 32301-2525			TASE	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and for register	ed office	BIO MAY 25 SECRETARY TALLAHASSE	
	C T Corporation System				
	c/o C T Corporation System, 1200 South Pine Island Road				
	P.O. Box NOT acceptable RAT				
	Plantation, Florida 33324			72	
The street address changed will	ess of its registered office and the stre I be identical.	eet address of the business offic	e of its regi	stered agent,	
Such change w authorized by t	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or notified in writing of the chang	by an office ge.	er so	
Maria Ozaeta, Secr					
Signan	the of My different on muscolor	Printed or Typed nam			
I hereby accept I further agree of my duties, or document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the t ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacit tapues relative to the proper or abligation of my position as reg the registered office address, i see.	ty. nd complete istered age hereby con	performance nt. Or, if this ifirm that the	
	Corporation System	5/13/2010			
	enature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
Vickie M. Cum	ningham				
	Typed or Printed Name				
	* * * Filing	FEE: \$35.00 * * *			
M	Make Checks payable to I fail to: Division of Corporations	Florida Department of Sta 5, P.O. Box 6327, Tallahasse		1	

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