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ACCOUNT NO. : 072	100000032	
REFERENCE : 877	7929 7416750	
AUTHORIZATION :		
COST LIMIT : \$ F	PPD	
ORDER DATE: May 1, 2007		
ORDER TIME : 10:06 AM		
ORDER NO. : 877929-005		
CUSTOMER NO: 7416750		
CHANGE OF AGENT		
NAME: TMG ENTERPRISES, INC		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Troy Todd EXT# 29	40	
EXAMINER:		

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: TMG ENTERPRISES, INC.
2. The principal	office address: 5800 Miami Lakes Drive
Miami Lakes	, FL 33014
3. The mailing a	ddress (if different): 200 Circle Drive
Piscataway, 1	NJ 08854
4. Date of incor	coration/qualification: January 12, 1999 Document number: P9900000329
	I street address of the current registered agent and registered office on file with the timent of State:
	Dermot F. Murphy, Jr.
	5800 Miami Lakes Drive
	Miami Lakes, FL 33014
(if changed):	Corporation Service Company 1201 Hays Street (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as 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.
(Signati	Christophe Transcr CFO (Printed or typed name and title)
I jurther agree i of my duties, an document is bei corporation has	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 complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By:	Service Codipany 5/2/07 Inature of Registered Agent) (Date)
	half of an entity:
· (1	as its agent (yped or Printed Name)

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