## P99000065679

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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1 9/27-11

## **COVER LETTER**

TO: Amendment Seconds Division of Cor	ction porations			
SUBJECT:	TFG Syste			
	Name of C	Corporation		
DOCUMENT NUMBE	ER:P99	0000065679		
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitte	d for filing.	
Please return all corresp	ondence concerning this matte	er to the following:		
	Matthew	/ T. Jones		
	Name of Co	ontact Person		
Morgaman & Jones PA				
	Firm/C	ompany		
5100 Town Center Circle, Suite 300 Address				
	Aut	utess		
		EL 00400		
Boca Raton, FL 33486 City/State and Zip Code				
		ш.р озы		
mattjones@morgaman.com				
E-m	ail address: (to be used for	future annual report notific	ation)	
For further information	concerning this matter, please	call:		
Matth	new T. Jones	at ( 561 )	226-7620	
	Contact Person	at ( 561 ) Area Code & Daytime	e Telephone Number	
Enclosed is a \$35.00 che	eck made payable to the Depar	rtment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Sect		
	Division of Corporations	Division of Corp		
	P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid nge is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of	of Florida
1. The name of t	he corporation: TFG Systems, Inc •	
	office address: 5100 Town Center Circle, Suite 300 n, FL 33486	
3. The mailing a	ddress (if different): same as above	
4. Date of incorp	poration/qualification: 7/23/1999 Document number:	P99000065679
	street address of the current registered agent and registered office on file tment of State: (If resigned, enter resigned)	with the
	Matthew T. Jones (hereby resigning)	
	3000 W. Cypress Creek Road	
	Ft. Lauderdale, FL 33309	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	offident Asserting Constitution of State Property of State Propert
	Morgaman & Jones PA (new)	_ SECTION 3
	5100 Town Center Circle, Suite 300	
	P.O. Box NOT acceptable  Boca Raton, FL 33486	
The street addre	ss of its registered office and the street address of the business office of be identical.	f its registered agent,
Such change wa authorized by	authorized by resolution duly adopted by its board of directors or by experience, or the corporation has been notified in writing of the change.	an officer so
Signatur	e of an officer or director Printed or typed name as	O d title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and a lam familiar with and accept the obligation of my position as registing filed merely to reflect a change in the registered office address, I he been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
Most Strue	C For Morgaman' Jones MA 9/11/12  nature of Registered Agent 1 Date	
- 1	half of an entity:	
Matthew T.	yped or Printed Name	

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

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