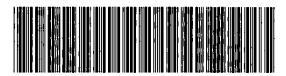
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(Re	equestor's Name)	· ·
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B. KOHR

OCT 1 1 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: TIMEZONE E	NTERPRISES, LLC
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing
Please return all correspondence concerning the	mited Liability Company Tice Change and fee(s) are submitted for filing his matter to the following:
JASON BOENING	<u> </u>
Name of Person	
TIMEZONERADIO.	com
Firm/Company	**************************************
1857 Dogwood DR	<u>></u> .
Address	
City/State and Zip Code	<u>34145</u>
iboening 71@AC	ol. com
E-mail address: (to be used for future annual report not	
For further information concerning this matter	r, please call:
JASON BOOVING Name of Person	at (239) 248-8439 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TIMEZO	ONE ENTERPRISES, LCC
2. (a) Principal office address of limited liability compan	y: 1857 Dogwood DR.
(Note: MUST BE STREET ADDRESS)	MARCO ISLAND FL
(b) Mailing address of limited liability company:	TIMEZONERATION COM
(Note: MAY BE POST OFFICE BOX)	P.O. Box 846 MARCO + SCAND FC 34146
4/21/10	L0000013450
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPA
Registered Office Address:	1201 HAYS STREET
	TALAHASSEE, FL
	32301-2525 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	JASON BRENING
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1857 Dogwood DR. MARCO ISLAND ,FL 34145
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	y.
Signature of Registered Agent Division of Corporations, P.O. Box 63	327. Tallahassee, FL 32314
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FILING FEE: \$25.00