

LO7000126658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

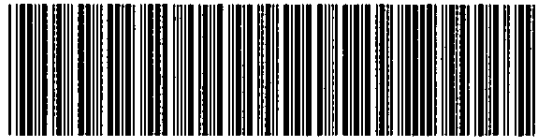
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 30 2008

EXAMINER



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

December 22, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: DAF & TAF, LLC
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned DAF & TAF, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson
National Registered Agents, Inc.

Enclosure - Check

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAF & TAF, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Thompson
(Name of Person)

National Registered Agents, Inc.
(Firm/Company)

11600 College Boulevard, Suite 210
(Address)

Overland Park, KS 66210
(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Thompson at (800) 550-6724 (503)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. The name of the limited liability company is: DAF & TAF, LLC
2. The mailing address of the limited liability company is : 1202 Upas Street
San Diego, CA 92103 US

3. Date of filing/registration in Florida 12/21/2007 4. Document number L07000126658

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Business Filings Incorporated
Name
1203 Governor's Square Blvd., Suite 101
Address
Tallahassee, FL 32301-2960 US
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dwight A. Frerichs
(Signature of a member or authorized representative of a member)

Dwight A. Frerichs
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Xonda Diven, Assistant Secretary
(Signature of Registered Agent)
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00