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(Re	questor's Name)	
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D. BRUCE

JAN - 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
50B02011	Talontunes LLC 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	his matter to the following:
Anthony A Annuzzi	
Name of Person	
Talontunes LLC	SECRE TALLA
Firm/Company	
rum company	<u> </u>
12968 Julington Ridge Dr. Eas	AN -4 PH 1: 2
Jacksonville FL 32258 City/State and Zip Code	
aannuzzi@yahoo.com E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter	r, please call:
Anthony Annuzzi Name of Person	at (904)333-8643 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
Enclosed is a check for the following	
\$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:	Talontunes LLC		
2. (a) Principal office address of limited liability company	y :		
(Note: MUST BE STREET ADDRESS)	12968 Julington Ridge Dr. East Jacksonville Fl 32258		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
2/18/2009	L0900016492		
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 Company		
Registered Office Address:	1201 Hays Street Tallahassee FI 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address		
NEW Registered Agent:	Anthony A Annuzzi		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jacksonville FL32258		
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. Signature of a member of authorized representative of a member			
Anthony A Annuzzi Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply 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 compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, still on as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		

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

Signature of Registered Agent