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OCT - 7 2013

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: T & A LASER, L.L.C					
Name of Limit	ted 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:					
TIMOTHY ZATINA					
Name of Person					
T & A LASER, L.L.C.					
Firm/Company					
2578 Clark Street, Unit #3					
Address					
Apopka, FL 32703					
City/State and Zip Code					
E-mail address: (to be used for future annual report notifica	ation)				
For further information concerning this matter, p	lease call:				
Timothy Zatina	,407 , 296-0224				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

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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.	Nar	me of the limited liability company:T&A LASER, LLC.		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2578 Clark Street, Unit #3	9 <u>.</u>	
			Apopka, FL 32703	<u> </u>
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2578 Clark Street, Unit #3	12.65 13.	
		(NOTE MAIL BET OF OTTICE BON)	Apopka, FL 32703	3.
				جن
Jur	ne 9, 21	009	L09000056291	ري
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
		Registered Agent:	AUDREY BECK	
		Registered Office Address:	3402 Holliday Avenue	
			Apopka, FL 32703	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	
		<u>NEW</u> Registered Agent:	T!MOTHY ZATINA	
NEW Registered Office Address:		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	521 Golf Tee Lane, Apt #105	
		Mest 22 : Botton Strau Tiboribas,	Longwood ,FL 32779	
co an lia the the	nfirm d the bility e me e ope	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registered offic	
		ZATINA	-	
11 co. Ch ad	herei mply d I a gapte gres	or typed name of signee by accept the appointment as registered agent and age with the provisions of all statutes relative to the pro- implicit with and accept the obligations of my pose or 608, F/S/Or, if this document is being filed to mer s. I hereby confirm that the limited liability company e of Keffstered Agent	gree to act in this capacity. I further agre per and complete performance of my dut ition as registered agent as provided for ely reflect a change in the registered offi has been notified in writing of this chan	ee to ies, in ce ge.

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

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