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R. WHITE

COVER LETTER

TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	TALHAR LLC						
SOBSECT.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Chang	e and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning the	his matter t	o the f	ollowing:			
lanathan	L. Dagarthal						
Jonaman	H. Rosenthal			_			
	Name of Person						
	Firm/Company			_			
1835 NE N	Miami Gardens Drive #149						
	Address						
North Miai	mi Beach, Florida 33179						
	City/State and Zip Code		• • •	_			
jrosenthal	@bellsouth.net						
E-mail	address: (to be used for future an	nual report	notific	cation)			
For further in	nformation concerning this matter	r, please ca	11:				
Jonathan I	H. Rosenthal		4	322-0065			
	Name of Person	at () Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: Istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
2 \$2	25 Filing Fee		□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	·)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: TALHAR LL	.C			
			o)		
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1835 NE Miami Gardens Drive #14	#14 1835 NE Miami Gardens D			
	North Miami Beach, FL 33179		North Miami Bead	Miami Beach, FL 33179	
	10/22/2009		L09000102222		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a	Jonathan H. Rosenthal, Esquire				
٥. (د	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	2			
	3107 Stirling Road, Suite 101				
	Fort Lauderdale , I	33312			
		'L		tra to	
(b)				
`	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	#} + U1 a	
				4.5	
	NEW Registered Office Address:	i			
	1835 NE Miami Gardens Drive #149				
	North Miami Beach , I	_{FL} 33179			
If the	limited liability company is not organized under the			baraby applicand that after	
the cl	hange or changes are made, the Florida street address	of the regi:	stered office and the bu	usiness office of the registered	
agent was/v	will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members	liability co s of the lim	ompany, it is hereby co vited liability company	onfirmed that the change(s) or as otherwise provided in	
the a	rticles of organization of the operating agreement of the	he limited	liability company.		
C:	The X	<u>Jor</u>	nathan H. Rosentha		
_	nature of ameniner or authorized representative of a member		•	yped name of signee	
provi the o to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide the rely reflect a change in the registered office address, ted in writing of his change.	igree 10 aci te perform ded for in (I hereby c	'In this capacity. I fur ance of my duties, and Chapter 605, F.S. Or, onfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been	
Signa	ture of Registered Agent				

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