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»		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
AUG 192008		
EXAMINER		

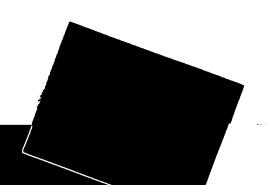
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2000 AUG 18 P 1: 2: SECRETARY OF STATE ALLAHASSEE, FLORID



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tellus Ten, LLC (Name	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Don Picolo (Name of Person)	ZROO F	mazee
Tellus Ten, LLC (Firm/Company)	AHASSEE, FI	
P.O. Box 3226 (Address)	P 1: 28 FEGRIDA	
Gulfport, MS 39505 (City/State and Zip Code)	 	
For further information concerning this mat	ter, please call:	
Don Picolo (Name of Person)	at (228) 832-8302 (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 followi	ng 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: Tellus Tel	n, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 814 SW State Road 247 Lake City, FL 32025
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 3226 Gulfport, MS 39505
January 4, 2007	L06000084687
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Registered Agent Solutions, Inc.
Registered Office Address:	115 Office Plaza Drive
	Suite A TALLAHASSEE FL 32301 US
NEW Registered Agent: NEW Registered Office Address:	Dorothy Bennett-Crowson 814 SW State Road 247
(MUST BE FLORIDA STREET ADDRESS)	Lake City, FL 32025
	,FL
f the limited liability company is not organized under that after the change or changes are made, the Florida staffice of the registered agent will be identical. Or, in the ereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the article limited liability company. Signature of a number or authorized representative of a member)	reet address of the registered office and the business e case of a Florida limited liability company it is
F. Davis Gordon Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the similar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.
(Signature of Registered Agent)	

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