Relationship Marketing Systems P. O. Box 4017 Dequesta, Florida 33469 City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2	
(Corporation Name) 3.	(Document #) 3000275710-1113-0075 +****25.00 *****25.00
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Similar Si
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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.

agent, or both, in the State of Florida.		
1. The name of the limited liability comp	pany is: Taz Holdings, LLC	
	pility company is: 410 Tequests Dr	
Tequecta	F1 33469	
-/2//2		
3. Date of filing/registration in Florida	<u> </u>	
Florida Department of State:	he registered office address as shown on the records of the	
Corpora	te Creations Cut. Inc.	
941 4	Name Address Beach FL 33/39 City, State and Zip	
<i>m</i>	Address 22/20	
Migmi A	City, State and Zip	
6. The name and address of the new regis		
Dran H	Blom	
11	Name As S	
Florida street	JUESTA OF	
	The state of the s	
1 Eques 1	City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is thereby 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 or authorized representative o	C	
	i a member)	
(Printed or typed name of signee)		
	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.	

(Signature of Registered Agent)