## 03000000414

(Requestor's Name)						
Mariela & Doug Watson 2048 SE 17th Street Lauderdale by the Sea FL 33062-7616						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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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. The name of the limit	ed liability company is:	TANGO	COM LLC	·		
			2385 Executive Centre	Dr., Su	uite 1	00,
Boca Raton, FL 33431						
January 6, 2003			L03000000416			
3. Date of filing/registration in Florida			4. Document number	<del></del>	·····	
5. The name of the regist Florida Department of		ered office	address as shown on the	records o	of the	
	2385 Executive Cer	Name ntre Dr., Su	uite 100			
	Boca Raton, FL 334	Address 31 State and 2	(in	<b>₹</b> 50	70	
6. The name and address	•		-		04 JAN 12	-
	Nelly Serricchio			₹		
	219 Venetian Drive Florida street address	Vame	NOT accentable)		PH 12: !	J
	Delray Beach	FL tate and Zi	33483-6833		45	
confirmed that after the c	npany is not organized us hange or changes are many the registered agent will reby confirmed that the stability company or a	inder the lande, the Florida the identication of the identication	www. of the State of Florida, orida street address of the call. Or, in the case of a Flwas/were authorized by an e provided in the articles of	registere orida lin	d offi- nited	
(Signature of a member or author)    C   Seri   Printed or typed fiame of signee	rechio	*)	•			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered ag is of all statutes relative ad accept the obligations this document is being fi that the limited liability	ent and ag to the pro to fmy pos iled to mer v company	ree to act in this capacity, per and complete perform ition as registered agent a ely reflect a change in the has been notified in writi	I furthe ance of i is provid register ng of this	er agr my du led for ed off s chan	ee to ties, in ice ige.
(Signature of Registered Agent)	icoliis					
Ilivisia	in at i arnaratiane. P.i	P. KOY 637	7. Tallahassee, FT. 3231.	<u> </u>		

**FILING FEE: \$25.00** 

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