L03000037297	
(Requestor's Name) (Address) (Address)	700109192677
(City/State/Zip/Phone #)	09/13/0701027002 **25.00
(Document Number) Certified Copies Certificates of Status	DIVISION OF LLED DIVISION OF CORPORAT
Special Instructions to Filing Officer:	17E ATENS
Office Use Only	

JB

COVER LETTER

TO: Registration Section Division of Corporations

TagTeam Creat (Name of Lin **SUBJECT:** Limited 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:

Lina A. Lacy		
(Name of Person)		
TagTeam Creations, LLC, (Firm/Company)		
1117 South Palmway (Address)		
Lake Worth, FL 33460		

For further information concerning this matter, please call:

at (Name of Person)

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 following amount:

X\$25 Filing Fee

\$55 Filing Fee & Certified Copy

13 PH12:

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 limited liability company is	Tagteam Creations, LLC.
2. The mailing address of the limited liability c	ompany is: 1117 South Palmway
Lake worth, FL	33460
September 30, 2003	L03000037297
3. Date of filing/registration in Florida	4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:



6. The name and address of the new registered agent and/or office:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 of a member) na

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. lina 9

(Signature of Registered Agent

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