L03000046683

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	:#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
// \1(

Office Use Only



600078613336

08/22/06--01021--024 **25.00



O6 AUG 22 PM 1:12
SECRETARY DE SIAIE
ALLAHASSI E FIGNIE

\CC	RP	OF	ĮАТ	E
	. <u>*</u>		SS,	- 1
1	-			/-

\	INC. 236 P.O. Box 37066 (32315		llahassee, Florida 32303 22-2666 or (800) 969-166	6 . Fax (850) 222-1666
		WALK II		SECRETARIAN PARAMETERS AND PARAMETER
	PICK UP:	8/98	106	製品の
	CERTIFIED COPY			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PHOTOCOPY	amond	ment	
	CUS			M. C. 4 75
M	FILING	Stateme	nt of Cha	nje -
1.	Tampa Bay (CORPORATE NAME AND DOCUMEN	TH)		
2.	(CORPORATE NAME AND DOCUMEN	<u>, 47 31 i2</u> TB	<u> </u>	
3.	(CORPORATE NAME AND DOCUMEN		The second secon	
4.	(CORPORATE NAME AND DOCUMEN	<u>3 </u>	克	
<i>5.</i>	(CORPORATE NAME AND DOCUMEN	TF#)		
6.	CORPORATE NAME AND DOCUMEN	VT #)		· · · · · · · · · · · · · · · · · · ·
SPECIA	AL INSTRUCTIONS:	<u> </u>		

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: TAMPA BAY, LLC

2. The mailing address of the limited liability company is: 2248 MERIDIAN BLVD #H **MINDEN, NV 89423**

11/19/2003 Date of filing/registration in Florida L03000046683

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:

KAREN MALLER

Name

PROGRESS PLAZA STE#1210

Address

ST. PETERSBURG, FL 33701

City, State and Zip

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

PARACORP INCORPORATED

Name

236 EAST 6TH AVE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE

City, State and Zip

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 of authorized representative

Moralo

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 608, 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.

Denise Zollner Assistant Secretary

Denise Zollner Assistant Secretary

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