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COVER LETTER

Division of Corporations					
SUBJECT: TAMPA BAY ACQUISI (Name of I	TIONS, LLC Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Change and fee(s) are submi	tted for filing.			
Please return all correspondence concerning	this matter to the following:				
MELANIE DOYAL					
(Name of Person)					
CORPORATE DIRECT, INC. (Firm/Company)					
(тип/сыпрану)		-1			
2248 MERIDIAN BLVD., STE. H		ZIOTAUG - C			
(Address)					
MINDEN, NV 89423					
(City/State and Zip Code)		1-9 PH 12: 54 ASSEE, FLORID			
For further information concerning this matt	ter please call				
To further information concerning this man	er, piedse edir.				
MELANIE DOYAL	at (775) 782-1307				
(Name of Person)		me Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	4			
Enclosed is a check for the following	ng amount:				
\$25 Filing Fee	\$55 Filing Fee & Certi	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

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 Sta	te of Florida.						
1. The name of the limit	ed liability compan	y is: TAMPA B	AY ACQUISITIONS	, LLC			
2. The mailing address of	of the limited liability	ty company is:	2248 MERIDIAN	BLVD., STI	<u>E. H</u>		
MINDEN, NV 89423							
11/19/2003			L03000046692	•			
				. Document number			
5. The name of the regist Florida Department of				on the record	is of the	e	
	236 EAST 6TH	Address					
6. The name and address	of the new register	ed agent and/or	office:				
	SARASOTA,	Name ONE LANE dress (P.O. Box FL 342 ty, State and Zi	p	SECRETARY OF ST TALLAHASSET, FLO	2007 AUG -9 PH 12	Service of the servic	
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lip or the operating agreemed Signature of a member or authors.	f the registered ages ereby confirmed that mited liability comp nt of the limited lia	nt will be identiated the change (s) pany or as other bility company.	ical. Or, in the case was/were authorize wise provided in the	of a Florida ed by an affir	limited	i vote	
CHRIS MORALES			_				
(Printed or typed name of signed				. 7.6	. 7		
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as register ns of all statutes re nd accept the oblige this document is be n that the limited lic	red agent and as lative to the pro ations of my pos ring filed to mer ability company	gree to act in this coper and complete p sition as registered sely reflect a change has been notified i	ipacity. I ful erformance agent as pro in the regis n writing of	rther as of my d vided fo tered o this cha	ree to uties, or in ffice inge.	

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

(Signature of Registered Agent)