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SECRETARY OF STATE AS DIVISION OF CORPORATIONS

J. BRYAN JUN 1 4 2006

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tenant Finders, LLC (Name of	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	g this matter to the following:	
Christopher Smith		
(Name of Person)	06 OF	
Christopher D. Smith, P.A. (Firm/Company)	OF JUN 12 PM 4: 50	
7313 International Place STE 80	PH L: 5	
(Address)	0	
Sarasota, FL 34240		
(City/State and Zip Code)		
For further information concerning this man	tter, please call:	
Christopher Smith	at (941) 907-4774	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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 follow	ing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limite	d liability company is:	Tenant Finders, LLC	
2. The mailing address o	Tthe limited liability com	pany is : <u>PO Box 71, New I</u>	Port Richey, FL 34656
1/3/05		L05000000438	
3. Date of filing/registrat	ion in Florida	4. Document num	iber
5. The name of the register Florida Department of		red office address as shown o	n the records of the
rionau Department or	Lorina K. Smith		
	6346 Garland Court	Name	
		ddress	eres.
	New Port Richey, F		06
	City, S	tate and Zip	
6. The name and address	of the new registered age	nt and/or office:	NISION OF CORPORATIONS OF JUN 12 PH 4: 50
	Tracy Jenkins		2 PH 4: 50
	Na	ame	i gy
	7815 Kinross Drive		* 切 で
	Florida street address (P.O. Box NOT acceptable)	D 35
	New Port Richey	FL 34656	
	City, Sta	te and Zip	
confirmed that after the c and the business office of liability company, it is he	nange or changes are made the registered agent will reby confirmed that the conted liability company on the limited liability of the liability o	<u> </u>	of the registered office of a Florida limited d by an affirmative vote
Lorina K. Smith			
(Printed or typed name of signee)			•
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 (Signalur of Registered Agent)	intment as registered age is of all statutes relative d accept the obligations this document is being fil that the limited liability	ent and agree to act in this ca to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, egent as provided for in in the registered office writing of this change.

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