## <u> 105 000008619</u>

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S. HAWKES
FEB 5 - 2010
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
	·				
SUBJ			EN, LLC		
	Name of	Limited	Liability Company		
Dear S	Sir or Madam:				
The en	iclosed Registered Agent/Registered	Office C	nange and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this ma	tter to the following:		
DARRYN TILDEN					
	Name of Person				
	Firm/Company		<del></del>		
1850 BRIGHTWATERS BLVD NE					
	Address				
	07.0575000000.51				
	ST PETERSBURG, FL 337 City/State and Zip Code	/04	<del></del>		
BERFORDT@TAMPABAY.RR.COM  E-mail address: (to be used for future annual report notification)					
E-	mail address: (to be used for future annual report	notification	)		
For fu	rther information concerning this mat	tter, pleas	e call:		
	DARRYN TILDEN	at (	727)895-5986		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
	Enclosed is a check for the following	ng amou	int:		
	\$25 Filing Fee	ſ	\$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. Name of the limited liability company:	TILDEN, LLC			
2. (a) Principal office address of limited liability company	: TILDEN, LLC			
(Note: MUST BE STREET ADDRESS)	1850 BRIGHTWATERS BLVD NE ST PETERSBURG, FL 33704			
(b) Mailing address of limited liability company:	TILDEN, LLC			
(Note: MAY BE POST OFFICE BOX)	1850 BRIGHTWATERS BEVD NE ST PETERSBURG, FL 33704			
12/20/2005	L05000008619 5			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:			
Registered Agent:	NEUKAMM, JOHN B			
Registered Office Address:	305 SOUTH BLVD TAMPA FL 33606 US			
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:			
NEW Registered Agent:	DARRYN TILDEN			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1850 BRIGHTWATERS BLVD NE ST PETERSBURG ,FL 33704			
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				
DARRYN TILDEN				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of am familiar with and accept the obligations of my post chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			
Signature of Registered Agent				

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