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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

Division of Corporations	
	FINANCIAL SERVICES, LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Anthony Curtachio Name of Person	
TONY TILE FINANCIAL SERVICE Firm/Company	ES, LLC
5747 Fieldspring Ave. Address	
New Port Richey, FL 3465 City/State and Zip Code	5
tonytileinc@netzero.net E-mail address: (to be used for future annual report n	notification)
For further information concerning this matt	er, please call:
Anthony Curtachio	at (727) 372-9078
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 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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or regi	stered	
	I. Name of the limited liability company:			
	2. (a) Principal office address of limited liability company	ny: 11608 Prosperous Dr.		
	(Note: MUST BE STREET ADDRESS)	Odessa, FL 33556	SECRE	
	(b) Mailing address of limited liability company:	11608 Prosperous Dr. 23	93. 23.	
	(Note: MAY BE POST OFFICE BOX)	Odessa, FL 33556	GORPUS.	
	02/01/2007	L07000012412	ATTON	
		Document number		
	5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:		
Registered Agent:		TONY TILE, INC.		
Registered Office Address:		11608 Prosperous Dr. Odessa, FL 33556		
(b) Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent:				
	NEW Registered Office Address:	5747 Fieldspring Ave.		
(MUST BE FLORIDA STREET ADDRESS)		New Port Richey, ,FL34655		
	If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or nuthorized representative of a member HNTHON CLIFFONT OF The limited liability company with the provisions of all statutes relative to the province of the provisions of all statutes relative to the province of the statute of the limited liability company	orida street address of the registered offical. Or, in the case of a Florida limited was/were authorized by an affirmative wise provided in the articles of organizat	rote ion	
	address, I hereby confirm that the limited liability company Signature of Registered Agent	has been notified in writing of this chan	ge.	

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