, Division of Corporations 100000005 Bage 1 of 2

Florida Department of State **Division of Corporations**

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To:

Division of Corporations

Fax Number : (850) 617-6383 .

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800)906-9220 Phone

Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Sal@acs123.com

LLC REGISTERED AGENT CHANGE RAM TAUR, LLC

14211 111014,	
Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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 $\frac{11000268298}{\text{Statement of change of registered office or registered agent or both for}}$

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: Ram Taur, LLC	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 14701 FRONT BEACH ROAD PANAMA CITY BEACH FL 32405
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14701 FRONT BEACH ROAD PANAMA CITY BEACH FL 32405
02-23-2007 3. Date of filing/registration in Florida	<u>L07000020513</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Allstate Corporate Services Corp.
Registered Office Address:	653 West 23rd Street, Suite 229 Panama City, FL 32405
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Registered Agent Solutions, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr., Suite A
	Tallahassee FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. **Company of a member of suthorized representative of a member* **Robin Dufek** (Printed or typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position f. S. Or, if this document is being filed to merely reflect a confirm the me limited liability company has been notified (Signature of Registered Agent)	t address of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the

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