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DIVISION OF CORPORATION

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T. HAMPTON

AUG - 4 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: 3254 Jamara Name of Limited	Liability Company	
Dear Sir or Madam:		
The application of Decision of Association (Decision of Office of		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
andie Marguin a Name of Person		
Firm/Company		
1885 Veteran Park	Drue #302	
Naples FL 3410 City/State and Zip Code	<u>9</u>	
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, please andie larguin at (239) 592 5864	
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 following 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. Name of the limited liability company: 3254	Tamara, LLC
2. (a) Principal office address of limited liability company	: 1888 Veteran Park Drue #302
(Note: MUST BE STREET ADDRESS)	Naples PL 341109
(b) Mailing address of limited liability company:	P.O. Box 11179
(Note: MAY BE POST OFFICE BOX)	<u>Napler</u> , FL 34108.
7/31/07	<u>L070000 78844</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Melissa Fields
Registered Office Address:	1885 Verlevous Park Drue #302
	Waples, Pc 34109
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
<u>NEW</u> Registered Agent:	Elena Lucheinger
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1855 Veterans Park Drive #302 Naplan FL 34109
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identificability 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 authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mend address. I hereby confirm that the limited liability company. Signature of Registered Agent	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of the c

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