## U57000082797

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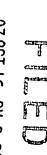
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SECRETARY OF STATE



## **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJEC				lity Compony)	<del></del>
	(Name of	Limited	a Liabi	lity Company)	
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered	Office (	Change	e and fee(s) are submitte	ed for filing.
Please re	turn all correspondence concerning	g this m	atter to	the following:	
	Mr. Tom Tran			<u> </u>	
	(Name of Person)				<b>≓</b> .
	Tran Holdings, LLC			_	07 OC SECRE
	(Firm/Company)				TAI AS
<u>.</u>	3348 Herringridge Drive			_	6 PM 2: 34
	(Address)				2: 34 2: 34 ORIDA
	Orlando, FL 32812				_
	(City/State and Zip Code)			<del>_</del>	
For furth	er information concerning this ma	tter, ple	ase cal	<b>l</b> :	
Mr. Tom	n Tran	at (	321	ր 276-5407	
	(Name of Person)			(Area Code & Daytimo	Telephone Number)
R D C 2	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	allahassee, Florida 32301	<b>!</b> - :	a4-		
E	nclosed is a check for the follow	ing am	ount:		
<b>∠</b>	\$25 Filing Fee	ling 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 limited	d liability company is:	Tran Holdings, LLC				
2. The mailing address of	the limited liability co	ompany is: 3348 Herringridge	Drive,			
Orlando, FL 32812						
8/13/2007		L0700008	2797			
3. Date of filing/registration	on in Florida	4. Document nu	4. Document number			
5. The name of the register Florida Department of S		stered office address as shown	on the records of the			
	Gary	D. Lipson	_			
		Name				
	390 N. Ora	ange Ave., Ste 1500	_			
	Out	Address				
		do, FL 32801 , State and Zip	_			
	•	•	,			
6. The name and address of	of the new registered a	gent and/or office:	TAL SE			
	Mr. T	om Tran	CA CAR			
•		Name .				
		ngridge Drive	SSI S			
	Florida street addres	s (P.O. Box NOT acceptable)	E. P.			
	Orland	o, <sub>FL</sub> 32812	25 YA			
, ,	City, S	State and Zip	34 DA			
confirmed that after the ch	ange or changes are n	under the laws of the State of nade, the Florida street addres rill be identical. Or, in the case change(s) was/were authorize or as otherwise provided in the company.	s of the registered office			
(Signature of a member of author)	ed representative of a memb	per)				
Mr. Tom Tran, Sole Memb	er and Managing Mem	nber				
(Printed or typed name of signee)		<u> </u>				
	ntment as registered as of all statutes relative decept the obligation its decement is being that the limited liability	igent and agree to act in this of the proper and complete is of my position as registered filed to merely reflect a chang ty company has been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.			
(Signature of Registered gent)						
Division	n of Corporations, P	O. Box 6327, Tallahassee, F.	L 32314			

**FILING FEE: \$25.00** 

INHS18 (8/05)