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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Technical Advantage Grou	p LLC 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:
Roger Masarik	
(Name of Person)	
Technical Advantage Group LLC (Firm/Company)	
(rimi/Company)	
14 South Dixie Hwy	
(Address)	
Saint Augustine, Florida 32084	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Christian Masarik	at (904) 669-6110
(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	ng amaunt
\$25 Filing Fee	S55 Filing Fee & Certified Copy
[*] \$25 i mig 1.66	\$33 Fining Fee & Centified Copy

INHS18 (8/05)

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 limite	ed liability company is	Technical Advantage Group LLC		
2. The mailing address o	f the limited liability c	ompany is : 14 South Dixie Hwy		·
Saint Augustine, Florida 32	1084			
8/27/2007		L07000089908		
3. Date of filing/registration in Florida 4. Docum		4. Document number		
5. The name of the register Florida Department of		stered office address as shown on the records	of the	;
	Madeline Masarik			
		Name	·	
	522 Tumberry Lane		0	۸۱۵ پ
Address		Address	7 0	
Saint Augustine, Florida 32084		rida 32084	000	물골
	City	, State and Zip		유로
6. The name and address	of the new registered a	agent and/or office:	11 AMII: 57	100 P
Roger Masarik				35 A
	-	Name	ហ	ᇙ
	522 Tumberry Lane		~~	175
	Florida street addres	ss (P.O. Box NOT acceptable)		
,	Saint Augustine	FL 32080		
	City,	State and Zip		
confirmed that after the cand the business office of liability company, it is he	hange or changes are refine registered agent wereby confirmed that the nited liability company of the limited liability and the limited liability company of the limited liability.	· · · · · · · · · · · · · · · · · · ·	red off imited native	vote

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Masarik

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

(Printed or typed name of signee)