107000/12312

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	(Address)
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PICK-UF	WAIT MAIL
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SECRETARY OF STATE

T. CLINE APR 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TACA TUVESTIME. (Name of Limit	ted Liability Company)	7	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted	l for filing.	
Please return all correspondence concerning this	matter to the following:		
DONNA M. SANOK (Name of Person)			
TACA INVESTMENT (Firm/Company)	COROUP, HC		
So3 o CHAMPION BL (Address) Boca RATON FL (City/State and Zip Gode)		2008 APR 25 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FLORIC	
For further information concerning this matter,	please call:	: 59 ATE IRIDA	
KATHY BARTIEY at (Name of Person) ASSITAL	(56/) 994-137. (Area Code & Daytime	5 ExT. 18 Telephone Numb	<i>08</i> er)
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	S55 Filing Fee & Certifie	d 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 liability company is: The name of the limited liability company is:
2. The mailing address of the limited liability company is:
5030 CHAMPION BLVO, STEGG-293, BOCAKATO
1/06/2007 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
TARA L ALBANESE
50 30 CHAMPION BLUD, STE G6-293
Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
DONNA M. ANDBELG SIN
Name /200 S. Rogers Clare # / ARR Florida street address (P.C. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
\$\$\frac{1}{2}\$
BOOA KATON FL 3348/ FI ET
64 10 V
If the limited liability company is not organized under the laws of the State of Florida. It's hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Lara L. Alle
(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 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.

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