(Requestor's Name)	
(Address)	10015783342
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	06/29/0901016007
(Business Entity Name)	to the state of th
(Document Number)	
Certified Copies Certificates of Status <u>Material</u>	
Special Instructions to Filing Officer:	57 MOC 60

Office Use Only

G. MCLEOD JUN 3 0 2009 **EXAMINER** 

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## **COVER LETTER**

	Registration Section Division of Corporations	•
		Tuebeen II C
SUBJEC	UBJECT: Tucheon LLC  Name of Limited Liability Company	
Dear Sir	or Madam:	
The encl	losed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concernin	g this matter to the following:
·		
	Alberto Tafur	
	Name of Person	
	Tucheon LLC	
}	Firm/Company	
;	Market Scalinger	
	6212 C Durham Dr	
1	f je Address	
	9 Roya &	
	Lake Worth/Florida 3346	7
	City/State and Zip Code	
	al.tafur@tucheon.com	
E-ma	al.tafur@tucheon.com il address: (to be used for future annual report	notification)
For furth	er information concerning this ma	tter, please call:
	Alberto Tafur	at ( 561 ) 283-4677
	Name of Person	Area Code & Daytime Telephone Number
· <b>s</b>	TREET/COURIER ADDRESS:	MAILING ADDRESS:
R	egistration Section	Registration Section
	Division of Corporations	Division of Corporations
	lifton Building	P.O. Box 6327
	661 Executive Center Circle	Tallahassee, Florida 32314
Т	allahassee, Florida 32301	
E	Inclosed is a check for the follow	ing 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:	Tucheon LLC
2. (a) Principal office address of limited liability company	: 6212 C Durham Dr
(Note: MUST BE STREET ADDRESS)	Lake Worth/Florida 33467
\	
(b) Mailing address of limited liability company:	6212 C Durham Dr
(Note: MAY BE POST OFFICE BOX)	Lake Worth/Florida 33467
November 28, 2007	L07000118485
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:	Corporation Service Company
Registered Office Address:	1201 Hay Street
Registered Office Address.	Tallahassee, Florida 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Alberto Tafur
NEW Registered Office Address:	6212 C Durham Dr
(MUST BE FLORIDA STREET ADDRESS)	lake worth ,FL33467
	iake worth ,i L <u>33407</u>
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identi liability 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	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative yote wise provided in the articles of oraginization
Signature of a memory of dathorized representative of a memor	
Alberto Tafur	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Register of Agent	
ACCOMPANIES OF A STANDARD AND A STAN	