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SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD

MAR 1 7 2008

EXAMINER

COVER LETTER

Division of Corpo		
SUBJECT:T	BURON GROUP, LLC (Name of Limited	Liability Company)
Dear Sir or Madam:		
The enclosed Registered	Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this made	eter to the following:
JOHN P		
(Na	ne of Person)	
TIBURON G	-	
(Fir	n/Company)	
12870 TRADE WAY F	OUR #108 / PMB315	
(4	address)	
BONITA SPRINGS, FL 3	4135	
	ite and Zip Code)	
For further information co	oncerning this matter, pleas	e call:
JOHN PEZZINO	at (23	9) 591-3246
(Name of		(Area Code & Daytime Telephone Number)
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	tions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a che	ck for the following amou	nt:
✓ \$25 Filing Fee	1	\$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.

agent, or both, the state	ie oj Fioriaa.			
1. The name of the limit	ed liability company	y is: TIBURON GROUP, LL	.C	
2. The mailing address o	of the limited liabilit	y company is : 12870 TRA	ADE WAY FOUR #108	/PMB 315
BONITA SPRINGS, FL	34135			
JANUARY 14, 2008		L080000	06107	
3. Date of filing/registrate	tion in Florida		ment number	
	ered agent and the r State: JOHN PEZZING 29023 ALESSAN BONITA SPRING	Name NDRIA CIRCLE Address SS, FL 34135 City, State and Zip ed agent and/or office:		SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO
	5651 NAPLES B	Name		ATIE ATIE
		iress (P.O. Box NOT acce		***
	NAPLES,	0.4400		
		FL 34109 ty, State and Zip		
confirmed that after the c and the business office of liability company, it is he	thange or changes at f the registered ager creby confirmed tha nited liability comp fit of the limited liab		t address of the registe the case of a Florida authorized by an affin	ered office limited mative vote
JOHN PEZZINO (Printed or typed name of signee)			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or. if address, I hereby confirm (Signature of Registered Aggpt)	intment as registerens of all statutes related accept the obligathis document is beat that the limited lia	ed agent and agree to act ative to the proper and co tions of my position as re ing filed to merely reflect bility company has been r	in this capacity. I fur mplete performance o gistered agent as pro- a change in the regist notified in writing of t	ther agree to of my duties, vided for in ered office his change.
Divisio	on of Corporations	s, P.O. Box 6327, Tallaha	issee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)