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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TAREDA N.A.	, LLC ne of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernit	2009 MAR -4 PH
30300 Bretton Loo, (Address) M. Dora FL 3275 (City/State and Zip Code)	
For further information concerning this m	atter, please call:
Julie Yates. (Name of Person)	at (352) 735 – 6069 (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 follow	wing 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: <u>TAREDA</u>	N.A. LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 30300 Bretton Loup Mt. Dora PL 32757	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 160125 ALTAMONTE 5PGS PL 32716-0125	
3. Date of filing/registration in Florida		
· ·		
5. (a) Registered Agent and Registered Office shown on t	•	
Registered Agent:	CORPORATION SERVICE COMBANY	
Registered Office Address:	1201 Hays Street 50 5 Tallahassee & 32301 5	
(b) Enter name of NEW Registered Agent and/or NEV		
<u>NEW</u> Registered Agent:	JEFFREY D. YNTES SE W	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	30300 Bretton Loop	
	Mt. Dora ,FL 32757	
If the limited liability company is not organized under the l that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company. (Signature of a people of authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is	
(Printed or typed name of signee)	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby in writing of this change.	
(Signature of Registered Agent) Division of Corporations P.O. Poy	6237 Tallaharraa El 23214	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		