208000075068

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

A. LUNT

MAY 18 2010

EXAMINER

Office Use Only



600207560806

05/13/11--01018--017 **25.00

SHURL WAY OF LIAIE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The TDAK 6. Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
David Michael Name of Person	ZOI HA
The TDAK Group, U.	
250 M. Drange Ave :	Suite 900
City/State and Zip Code	
E-mail address: (to be used for future annual report note	7. con ification)
For further information concerning this matter	, please call:
	at (407) 927 - 779/
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301 Enclosed is a check for the following	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:	DAK Group CLC
2. (a) Principal office address of limited liability company	7041 Grand Martinel Dr #22
(Note: MUST BE STREET ADDRESS)	Orland, F1 32819
(b) Mailing address of limited liability company:	7041 Grand Nation Dr #228
(Note: MAY BE POST OFFICE BOX)	Orland, 19 32819
8/05/2008	L 08000075068
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:	David Michael
Registered Office Address:	7041 Grand Nation Di #228 Orland, F1 32519
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	250 N. Dray Ave #900 Orland FL 32501
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 identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or fathorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and the limited liability company. Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of Reastered Agent	

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