L08000115223

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TJSD, LLC Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Person TJSD, LLC Firm/Company 18039 RhumbaWay Address Boca Raton FL 336 City/State and Zip Code	TALLAHASSEE. FLORIDA
E-mail address: (to be used for future annual report notified	cation)
For further information concerning this matter,	please call:
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
\$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: TJSD, LLC		
2. (a) Principal office address of limited liability company	_	
(Note: MUST BE STREET ADDRESS)	BUCA RADON, FL 33496	
(b) Mailing address of limited liability company:	18039 Rhumba Way	
(Note: MAY BE POST OFFICE BOX)	Boca Raton FL 33492	
12/18/2008	L08000115223	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Corporation Service Company	
Registered Office Address:	Tallahassee FL 3338-2586	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Theona J. Daura III	
If the limited liability company is not organized under the laws of the State of Florida, it is 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. Signature of a member or authorized representative of a member		
Theona J. Daun 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 statules relative to the proper and complete performance of my auties, 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.		
Signature of Registered Agent		

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