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SECRETARY OF STATE
ALL ANASSEE FLORIDA

D. BRUCE

OCT 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ken Koldenhowe Name of Person	en
Talent Pass Marketing Firm/Company	
P.O. Box 161843	PILED  09 OCT 29 PH P: 1  SECRETARY OF STAIL  FA. 32714
City/State and Cip Code	Fl. 32714 SEE. FLORID
Ken@ talentpass.com E-mail address: (to be used for future annual report n	iotification)
For further information concerning this matt	er, please call:
Kon Koldenhoven Name of Person	at ( 407 ) 621-/338  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 following	ng 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 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: I alent 1	aso Marketing, LC
2. (a) Principal office address of limited liability company	y: 1971 Lee Rd.
( <u>Note: MUST BE STREET ADDRESS</u> )	Winter Park, Fl. 32789
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
1-15-2009	L0900005583
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:	Kanneth S. Koldenhoven
Registered Office Address:	1971 fee Pd. Wuter Park, Fl. 32789
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW Registered Agent</u> :  NEW Registered Office Address:	W Registered Office address:  Kanneth S. Koldenhoven  201 S. Biscame Blud.
(MUST BE FLORIDA STREET ADDRESS)	Orframi ,FL 33/31
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles forganization
Kenneth Koldenhoven	
Printed or typed name of signee  I hereby accept the appointment as registered agent and a	LE STOA

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