

L09000013071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000015366 3)))



H100000153663ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

2010 JAN 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
TNT CONCEPTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

T. CLINE

JAN 25 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

10 JAN 22 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Lori Castille
DATE	2010-01-22 10:52:41 PST
RE	RA Change Filing

COVER MESSAGE

LZ Order # 7379598

Thank you.

2010 JAN 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNT CONCEPTS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Castille

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Ste. 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Castille

(Name of Person)

at (323) 962-8600

(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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2010 JAN 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

- | | | |
|---|--|--|
| 02/09/09 | L09000013071 | |
| 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: | ROBERTO MATUS | |
| Registered Office Address: | 429 LENOX AVE # 4C17
MIAMI BEACH FL 33139 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address : | | |
| NEW Registered Agent: | Thomas Zazarino | |
| NEW Registered Office Address: | 340 Lido Drive | |
| (MUST BE FLORIDA STREET ADDRESS) | Fort Lauderdale, FL 33301 | |

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.

Thomas Zazarino
(Signature of a member or authorized representative of a member)

Thomas Zazarino
(Printed or typed name of signer)

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 statutes relative to the proper and complete performance of my duties, 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.

Thomas Zazarino
(Signature of Registered Agent)

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