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D. BRUCE

SEP 9 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Tampa Bay C.	Ustoms Liability Company		_
Name of-Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fce(s) are submitted for	or filing.	
Please return all correspondence concerning this ma	tter to the following:		
Josh Carlucci Name of Person			
Firm/Company			
2331 W. horato St. #625	<u> </u>	Α̈́ω C	
Tang FL 33609 City/State and Zip Code		19 AUG 26 LEGRETARY LLAHASSE	F
E-mail address: (to be used for future ahnual report notification)	Y OF STATE SEE, FLORID	רוכ
For further information concerning this matter, pleas	se call:	ADA 1.E	
bsh Carloccat(8			
Name of Person	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 amou	int:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору	

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: Tamp B.	ay Customs
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	Tampa 7L 33614
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
6/10/09	L 09 000 56563
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent:	Josh Carlocci
Registered Office Address:	4221 N. Laster 42ny Tampa FL 33614
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Joseph Stuck 4221 N Lauber Way Tampa ,FL 33614
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 identically 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 authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the provision of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mercaddress, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida linged was/were authorized by an arthmative vote wise provided in the articles programzation of STATE OF S

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