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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e,#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
NOV 23 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Change of Address: Name of Limite	PAUL TOPASH LLC ed 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 n	natter to the following:	
PAUL TOPASH Name of Person		
PAUL TORASH LLC Firm/Company	FALLA	09 NO T
4178 OAKHURST CI		NOV 20 AMILI: 10
SARASOTA, FL 3423 City/State and Zip Code	F STATE FLORIDA	: 10
Ptopash @ hot mail. co	om ion)	
For further information concerning this matter, ple	ease call:	
PAUL IOPASH at (941) 400 - 9871 Area Code & Davtime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$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 order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:	1 Topash, LLC
2. (a) Principal office address of limited liability company	: 30425 Lettingwell Circle
(Note: MUST BE STREET ADDRESS)	Wesley Chapel, FC 33543
(b) Mailing address of limited liability company:	4178 Oakhurst Cir W.
(Note: MAY BE POST OFFICE BOX)	Sarasota, tr 34233-145
08 05 2009 3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	PAUL TOPASH 25
Registered Office Address:	30425 LETTINGWEU ETROLE WESTEY CLAPEL, FL 33543
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PAUL TOPASH LLC 4178 OAKHURST CIR. W SARASOTA FL34233
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 ident liability 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	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	<u>.</u>
PAGLTOPASH Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties,
address, I hereby confirm that the limited liability company	strion as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.