09000/02805

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 1 7 2011

EXAMINER

COVER LETTER

Division of Corpor	ations						
SUBJECT:			TER TIM	MOSHA LLC			
Dear Sir or Madam:			,				
The enclosed Registered A	.gent/Registered	d Office (Change and	d fee(s) are sub	omitted for f	filing.	
Please return all correspon	dence concerni	ng this m	atter to the	following:			
	YAUSHEV						
TRADE CENT		A LLC					
	Company				ę!	=1 	
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5565 64TH	WAY NORTH	# D			,	걞 등 .	•
	dress			i na ta		AUG 16 PH 12: 58	_
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ST. PETERS	SBURG FL 33	709					Ţ
	and Zip Code	,					
						岩田	
AUTOMIX.PL E-mail address: (to be used for	US@GMAIL.	СОМ				- 	
E-mail address: (to be used for	r future annual repo	rt notificatio	n)				
For further information cor	ncerning this ma	atter, plea	ise call:				
RINAT YAUS	SHEV	at (727)	83	31-2801		
Name of Person			Area	Code & Daytime T	Felephone Num	ber	
STREET/COURIER Registration Section	R ADDRESS:			NG ADDRESS ation Section	S:		
Division of Corporat	ions			n of Corporation	าร		
Clifton Building			P.O. Bo				
2661 Executive Cent Tallahassee, Florida		· · , · ·	Tallaha	ssee, Florida 32.	314		
Enclosed is a chec		ving amo	unt:				
\$25 Filing Fee			\$55 F	iling Fee & Ce	rtified Copy	у	

TO: Registration Section

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:	ADE CENTER TIMOSHA LLC
2. (a) Principal office address of limited liability compan	y: 5565 64TH WAY NORTH # D
(Note: MUST BE STREET ADDRESS)	ST. PETERSBURG FL 33709 US
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	
10/26/2009	L09000102805
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:	VLADIMIR BORISSOV
Registered Office Address:	5580 PARK BLVD
·	# 10
	PINELLAS PARK, FL 33781
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	RINAT YAUSHEV
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5565 64TH WAY NORTH # D
Med DE LEGISTICIANE INDUITION	ST. PETERSBURG ,FL 33709
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 iden 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. Signature of a member or authorized representative of a member RINAT YAUSHEV 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 provisions of all statutes relative to the pranal I am familiar with and accept the obligations of my portupate of the provisions of the initial liability company. I hereby confirm that the limited liability company.	Florida 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 of ganization y.
Signature of Registered Agent	

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