L10000051553

	•	
(Reque	stor's Name)	
(Addres	ss)	·
(Addres	ss)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
·		•
•		,

Office Use Only



600182945326

07/09/10--01023--002 **25.00

T. CLINE

JUL 1 2 2010

EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations	•	
	OO LLC	
Name of Limited L	iability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for	filing.
Please return all correspondence concerning this matt	er to the following:	
Andi Budo		
Name of Person		
Budo LLC		•
Firm/Company		TACI SEC
	, .	
2550 62nd Street N Address		-9 ASS
St. Petersburg, FL 33710		FISTA TO
City/State and Zip Code		RIDA RIDA
		,F
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
,,		
Andi Budo at (727 <u>542-8010</u>	
Name of Person	Area Code & Daytime Telephone Nu	mber
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section 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 amou	<u> </u>	
<u> </u>	\$55 Filing Fee & Certified Co	DV.
\$25 Filing Fee	T \$33 rinnig ree & Certified Co.	የን

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:	BUDO-LLC
2. (a) Principal office address of limited liability comp	any:
(Note: MUST BE STREET ADDRESS)	2550 62ND STREET N ST. PETERSBURG, FL 33710
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2550 62ND STREET N ST. PETERSBURG, FL 33710
05/13/2010	L10000051553
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:	UNITED STATES CORPORATION AGE
Registered Office Address:	13302 WINDING OAKS BLVD SUITE A
(b) Enter name of NEW Registered Agent and/or N	TAMPA, FL 33612 NEW Registered Office address
NEW Registered Agent:	ANDI BUDO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2550 62ND STREET N SS ST. PETERSBURG SA, FL 33710
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or authorized representative of a member	he laws of the State of Florida, it is hereby e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote.
ANDI BUDO Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the	ad agree to act in this capacity. I further agree to proper and complete performance of my duties,
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent	position as registered agent as provided for the merely reflect a change in the registered office pany has been notified in writing of this change.

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