## L10000098776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400194733274

02/18/11--01016--007 \*\*25.00

2011 FEB | 8 PH 12: 25

JULURETARY OF STATE
TAIL AHASSEE- FLORIDA

C. LEWIS
FEB 2 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
					. •
SUBJECT: Ta	alcano	Prope	<u>ertie</u>	s, LL(	<u> </u>
Name o	f Limite	d Liabi	lity (	Compan	у
Dear Sir or Madam:					
The analoged Peristered Agent/Peristeres	4 Office	Change	s and	foo(a)	are submitted for filing
The enclosed Registered Agent/Registered	J Office	Change	anu	icc(s) a	are submitted for filling.
Please return all correspondence concerning	ng this m	atter to	the	followi	ng:
Daniel W. Humbert					
Name of Person					
Daniel W. Humbert, P.A	۸.		_		
rimicompany					
40.05.70.01.4.01.00					
12 SE 7th Street, Ste 60	00		_		
Audices					
Et bandandala El 2200	\ <b>4</b>				
Ft. Lauderdale, FL 33301  City/State and Zip Code					
City/State and Zip Code					
dwh@humhertlaw.com	1				
dwh@humbertlaw.com E-mail address: (to be used for future annual repo	rt notification	on)	_		
For further information concerning this ma	atter nie	ase call	ŀ		
to rather mornation concerning and ma	atter, pre-	aso our	••		
Daniel W. Humbert	-4./	954	,		533-8565
Name of Person	at (_	304	) _ Area (	Code & D	aytime Telephone Number
STREET/COURIER ADDRESS:					DRESS:
Registration Section				tion Sec	
Division of Corporations					porations
Clifton Building				k 6327	.: 4- 22214
2661 Executive Center Circle		I ai	ianas	see, Floi	rida 32314
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee		☐ \$ <sup>4</sup>	55 Fil	ling Fee	e & Certified Conv

## \* \* \*\* 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.

Name of the limited liability company:	Talcano Properties, LLC
2. (a) Principal office address of limited liability compar	ny: 12 SE 7th Street, Ste 606
(Note: MUST BE STREET ADDRESS)	Ft. Lauderdale, FL 33301
(b) Mailing address of limited liability company:	12 SE 7th Street, Ste 606
(Note: MAY BE POST OFFICE BOX)	Ft. Lauderdale, Fl 33301
09/21/2010	L100000987762 75
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent: Registered Office Address:	1930 HARRISON STREET 303
	HOLLYWOOD, FL 33020 TUS
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	<u> </u>
NEW Registered Agent:	Daniel W. Humbert
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12 SE 7th Street, Ste 606 Ft. Lauderdale, FL 33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I 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 agraement of the limited liability compans.  Signature of a member of althorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Daniel W. Humbert Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	

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