## L1100062593

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

Office Use Only

B. KOHR
SEP 27 2011
EXAMINER



000212060320

11 SEP 27 AM 10: 5

RECEIVED





ON SERVICE COMPANY	1.0
ACCOUNT NO. : 12000000195	as se
REFERENCE : 904843 7849602	SE T
AUTHORIZATION : Spulle Rear	THE COUNTY
COST LIMIT : \$25.00	TO STA
ORDER DATE : September 7, 2011	15 TO
ORDER TIME : 9:31 AM	
ORDER NO. : 904843-010	
CUSTOMER NO: 7849602	
CHANGE OF AGENT	
NAME: TAHA, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Stephanie Milnes EXT# 2920	
EXAMINER.	

*;*,

## 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: TAHA, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 830-13 A1A North #255 Ponte Vedra Beach, FL 32082-3215
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	27 Ta
05/26/2011	L11000062593
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Contega Business Services, LLC
Registered Office Address:	One Independent Drive Suite 1200  Jacksonville, FL 32202
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST DE LEGISTREET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under the lethat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company it is
John J. Schickel Jr. Sole Mana (Printed or typed name of signee)	gen
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a co confirm that the limited liability company has been notified	
By: (Signature of Registered Agent) Corporation Service Company S	

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

INHS18 (05/08)