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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI					
	Nan	ne of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
J. Ala	an Cox				
	Name of Person				
Law (Office of J. Alan Cox				
	Firm/Company		_		
1660	Metropolitan Circle				
	Address				
Tallal	hassee, Florida 32308-3731				
	City/State and Zip Code				
jaland	cox1@gmail.com				
Е	-mail address: (to be used for future ann	ual report notif	cation)		
For fur	ther information concerning this matter,	please call:			
J. Ala	n Cox	850	298-4444		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: TAL FLO LLO	С					
2. (a)	815 Commerce Boulevard		(b) 1660 Metropolitan Circle				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).	N	Mailing address of limited (Note: MAY BE POST		• •
	Midway, Florida 32343		-	Tallahas	see, Florida 3230	8-3731	
			-				
	December 3, 2012		L	1200015	0620		
3.	Date of filing/registration in Florida	4.			Document number	-	_
5. (a	Kirk, Winfred Chester Jr.						
(Registered Agent and Registered Office shown on the records of	f the Flori	ida D	ept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>'SS)</u>				
	815 Commerce Boulevard						
	Midway , FI	3234	43			17 J	· ·
(b)	J. Alan Cox						
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	addr	ess:		2	3.E : #2
						P	
		-				ુ: <u>૫</u> 5	** g**
	NEW Registered Office Address:					ഗ	<i>*</i> *
	1660 Metropolitan Circle						
	Tallahassee . FI	_3230	8-3	731			
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the find the registry of the limited	he S giste com imite d lia	tate of Flo ered office pany, it is ed liability bility com	and the business off hereby confirmed the company or as othe pany.	ice of the	e registered ange(s)
Sign	ature of a member or authorized representative of a member	_	era	idine Eis	ie Taylor Printed or typed name of	fsignee	
I hero provis the ob- to mes notifie	ehy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to a e perfor ed for ir hereby	nct in man n Ch con	n this capa ice of my a apter 605, firm that t			ly with the and accept being filed as been
orginal	Division of Corporations • P.O.				see, FL 32314		