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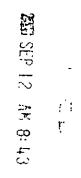
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zi	p/Phone #)				
PICK-UP W	/AIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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T. CLINE

SEP 14 208

EXAMINER

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	TACHHT HOLDINGS, LLC					
SUBJECT	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Office	e Change and fe	ee(s) are submitted for fili	ng.		
Please rett	arn all correspondence concerning this	matter to the fo	ollowing:			
COLBY	FOX					
	Name of Person		_			
TACHH	T HOLDINGS, LLC					
	Firm/Company		_			
1701 N	14TH STREET, SUITE B		_			
	Address			1 SET		
TAMPA, FL 33605				, in the		
	City/State and Zip Code		_	, jr		
COLBY	@TACHHT.COM			φ. 		
E-m	ail address: (to be used for future annu	al report notific	ration)	٠٠ د		
For furthe	er information concerning this matter, p	olease call:				
COLBY	FOX	813	699.4250			
	Name of Person	_ at (Area Code & Daytime T	elephone Number		
R D C 2	TREET/COURIER ADDRESS: egistration Section division of Corporations lifton Building 661 Executive Center Circle fallahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
E	inclosed is a check for the following a	amount:				
1	\$25 Filing Fee	□ \$5:	5 Filing Fee & Certified C	Copy		
INHS18 (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	ame of the limited liability company: TACHHT HO	LDINGS, LL	C
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/16/2013 Date of filing/registration in Florida	L130 4.	00008498 Document number
5. (a)	Registered Agent and Registered Office shown on the records of 1701 N 14TH STREET SUITE B		
	Registered Office Address <u>MUST BE FLORIDA STREET</u> TAMPA, FI	33605	
(b)	SHYAMIE DIXIT Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:	
	3030 NORTH ROCKY POINT DRIVE SUIT NEW Registered Office Address:	E 260	
	TAMPA , FI	33607	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited livere authorized by an additional years of the members of cless of organization or they perating agreement of the	f the registered lability compar of the limited b	loffice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee
l here provis	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect archange in the registered office address, I d in writing of this change.	e performance o	of my duties, and I am familiar with and accept
Signati	are of Registered Agent		

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

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