

L14000008363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

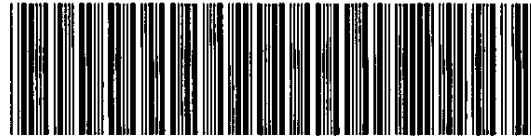
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263253669

08/28/14--01008--007 \*\*35.00

14 AUG 28 PM 3:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
SEP 4 2014  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAPT INTERNATIONAL LLC  
Name of Corporation

**DOCUMENT NUMBER:** 46458939

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LERLIN K. MARTINEZ  
Name of Contact Person

TAPT INTERNATIONAL LLC  
Firm/Company

2736 SW 10th TER. #2  
Address

miami FL 33135  
City/State and Zip Code

LERLINMARTINEZ@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LERLIN K. MARTINEZ at ( 305 ) 992-5858  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: TAPT INTERNATIONAL LLC

2. (a) 2736 SW 10TH TERRACE (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

#2

MIAMI, FL. 33135

L14000008363

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 Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8261 NW 8TH STREET, SUITE 526

MIAMI, FL 33126

(b)                       
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

2736 SW 10TH TERRACE, #2

MIAMI, FL 33135

14 AUG 28 PM 3:35  
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

LERLIN K. MARTINEZ

                      
Signature of an officer or director

                      
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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