

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

## REGISTERED AGENT CHANGE

TLCONCEPTS, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	0 م ر
Estimated Charge	\$ <del>35.0</del> 0	\$ 25.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

C. LEWIS OCT 232008

10/22/2008

**EXAMINER** 



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of
Kansas	in order to change its registered office or registered agent, or both, in the State
of Florida.	•
1. The name of	f the corporation: TLCONCEPTS, LLC
2. The principa	al office address: 13200 Metcalf, #280, Overland Park, KS 66213
3. The mailing	g address (if different):
4. Date of inco	prporation/qualification: 3/29/2004 Document number: M04000001313
	nd street address of the current registered agent and registered office on file with the eartment of State:
	NRAI SERVICES, INC.
	2731 EXECUTIVE PARK DRIVE SUITE 4
	WESTON FL 33331
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if
Business Fillings Incorporated	
	1203 Governors Square Blvd, Suite 101
	(P.O. Box or personal mailbox NOT acceptable)  Tallahassee, Florida 32301-2960
agent, as chang	lress of its registered office and the street address of the business office of its registered of ged will be identical.
such change was duthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.
(Signature of an office	John Walden, Member  Co., Chauman or Vice charman of the board)  [Printed or typed name and tide]
office address,	ot the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and complete of my chities, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered of the corporation has been notified in writing of this change.  110
	(Signature of Registered Agent) (Date)
If signing on beha Mark Williams	AVP AVE
,	(Capacity)  *** FILING FEE: \$35.00 * **
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MALL TO:  OF THE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MALL TO:  OF THE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MALL TO:
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