M0400005329

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



600113065156

12/13/07--01008--008 **25.00

O7 DEC 13 AM 10: 24

SEGRETARY OF STATE
AND AN ASSEE FLORIDA

N. Culligan DEC 1 7 20074

COVER LETTER

Division of Corporations			
SUBJECT: TKZE INVESTMETNS,	LLC Limited Liability Company)		
(Name of I	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
MELANIE DOYAL			
(Name of Person)			
CORPORATE DIRECT, INC.	<u></u>		
(Firm/Company)			
2248 MERIDIAN BLVD. STE H			
(Address)			
MINDEN, NV 89423			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
MELANIE DOYAL	at (775) 782-2201		
(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	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.

agent, or both, in the State	oj Fioriaa.					
1. The name of the limited	l liability company is:	TKZE INVESTM	ENTS, LLC			
2. The mailing address of). SUIT	ΈH	
			EN, NV 89423			<u></u> '
12/06/2004 M0400005329		1000005329				
3. Date of filing/registration in Florida 4. Document nur		ocument number				
5. The name of the register Florida Department of S		tered office addre	ess as shown on the	record	s of th	ie
-	PARACORP INC	ORPORATE	D			
·	7 11 11 10 0 1 11 11 11 11 11 11 11 11 11	Name				
	236 EAST 6TH A\	/ENUE				
•		Address				
	TALLAHASSEE, F					
•	City,	State and Zip		SE	07	our party
6. The name and address o	f the new registered ag	gent and/or office:	•	ORET/ AHA	OEC	
(GERRI DETWEIL	ER		SSE YRY	ಷ	
-	1	Name			200	
<u>,</u>	1037 GREYSTON	E LANE		0]: [S	증	
	Florida street address	(P.O. Box NOT	acceptable)	TARY OF STATE ASSEE FLORIDA	AM 10: 24	Charles of the Control of the Contro
<u>.</u>	SARASOTA	FL 34232		_		
	City, S	tate and Zip				
If the limited liability componfirmed that after the chand the business office of liability company, it is here of the members of the limin or the operating agreement (Signature of a member or authorize	ange or changes are mediangle or changes are mediangle he registered agent with the limited liability of the limited liability	ade, the Florida s ll be identical. O change(s) was/w or as otherwise particle.	treet address of the r, in the case of a F ere authorized by a	registe lorida l ın affiri	ered of limited mative	ffice d e vote
TY LEDBETTER						
(Printed or typed name of signee)	_ · · · · · · · · · · · · · · · · · · ·					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirm of the confirm of the confirm of the confirm to the confirm of t	ntment as registered a of all statutes relative decept the obligation its document is being i that the limited liability	gent and agree to to the proper an s of my position a iled to merely ref y company has be	act in this capacity d complete perform is registered agent of lect a change in the een notified in writi	n I furnance of as prove regist ing of the	ther a f my d ided f ered c his ch	gree to luties, or in office ange.
(Signature of Registered Agent)						

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