

Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

MECEIVER 1009 MAY IS AM 8: 00 SECRETARY OF STATE

REGISTERED AGENT CHANGE

TOPS'L DEVELOPMENT, LLC

Certificate of Status	0][
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Page Count	02	
Estimated Charge	\$35,00	7500

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EXAMINER

5/15/2009

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.

1. Name of the limited liability company:	Taps'i Development, LLC
	liability company: \$46 MARY ESTHER CUTOFF STE 3
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	Company: M05000005362 4. Document number Office shown on the records of the Florida Dept. of State:
9/26/2005	M05000005362
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered C Registered Agent: 	Office shown on the records of the Florida Dept. of State:
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525 US
(b) Enter name of NEW Registered A	gent and/or NEW Registered Office address:
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation,FI_,33324
that after the change or changes are made, office of the registered agent will be identi hereby confirmed that the change(s) was/y	nized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business cal. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Tim Light	•
(Printed or typed name of signee)	
By: ////X 1//900000000000000000000000000000000000	ered agent and agree to act in this capacity. I further agree to velative to the proper and complete performance of my duties, and I is of my position as registered agent as provided for in Chapter 608, merely reflect a change in the registered office address, I hereby has been notified in writing of this change.
(Signature of Registered Agent)	tions, P.O. Box 6327, Tallahassec, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)