

P04000055297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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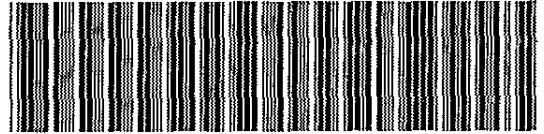
(Business Entity Name)

(Document Number)

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Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tashi Holding Corp.
(Name of Corporation)

DOCUMENT NUMBER: P04000055297

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:

William M. Burke
(Name of Contact Person)

c/o Goodlette, Coleman & Johnson, P.A.
(Firm/Company)

4001 Tamiami Trail North #300
(Address)

Naples, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Burke at (239) 435-3535
(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

GOODLETTE COLEMAN & JOHNSON, P.A.
ATTORNEYS AT LAW

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Naples, FL 34103
239-435-3535
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Matthew M. Jackson
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writer's e-mail address:
wburke@gcjlaw.com

August 24, 2006

Amendment Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Tashi Holding Corp.

Dear Sir:

Enclosed please find an original and one copy of a Statement of Change of Registered Office, with respect to my address as registered agent for Tashi Holding Corp. I have also enclosed our firm's check in the amount of \$35 payable to the Florida Department of State.

Please return the file-stamped copy to my attention. A self-addressed envelope is provided for your convenience.

If you have any questions, please do not hesitate to call.

Sincerely,

Goodlette, Coleman & Johnson, P.A.



William M. Burke

WMB/sbf
Enclosures

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tashi Holding Corp.
2. The principal office address: c/o Goodlette, Coleman & Johnson, 4001 Tamiami Trail North #300,
Naples, FL 34103
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 30, 2004 Document number: P04000055297
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William M. Burke, c/o Bond, Schoeneck & King, P.A.
4001 Tamiami Trail North #250
Naples, FL 34103

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William M. Burke c/o Goodlette, Coleman & Johnson, P.A.
4001 Tamiami Trail North #300
(P.O. Box NOT acceptable)
Naples, FL 34103

CLERK OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William M. Burke
(Signature of an officer or director)

William M. Burke, Vice President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William M. Burke
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)