

P07000009689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

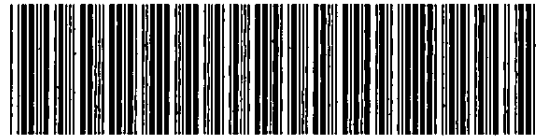
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB

8/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TALA ENTERPRISE INC

DOCUMENT NUMBER: P07000009689

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARIN ROHRET

(Name of Contact Person)

ROHRET & ASSOCIATES INC

(Firm/ Company)

350 GULF BLVD STE 1

(Address)

INDIAN ROCKS BEACH FL 33785

(City/ State and Zip Code)

For further information concerning this matter, please call:

KARIN ROHRET

(Name of Contact Person)

at (727) 593-5953

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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 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: TALA ENTERPRISE INC
2. The principal office address: 4055 GUNN HWY
TAMPA FL 33624
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01-22-2007 Document number: P0700000689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID W LEE PA

10033 ML KING ST N # 106

ST PETERSBURG FL 33716

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

ROHRET & ASSOCIATES INC

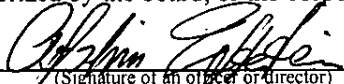
350 GULF BLVD # 1

(P.O. Box NOT acceptable)

INDIAN ROCKS BEACH FL 33785

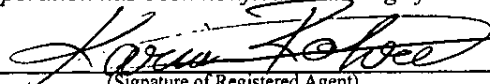
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

AFSHIN EFTEKHARI
(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.


(Signature of Registered Agent)

AUGUST 1ST, 2008
(Date)

If signing on behalf of an entity:

KARIN ROHRET

(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)

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