

(Requestor's Name)	•	
(Address)	-	1
(Address)	-	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)	-	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	]	
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		$ \psi $

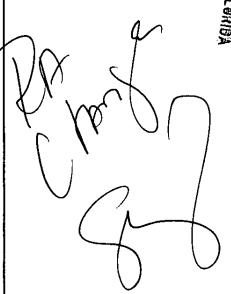


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02/22/10--01009--029 \*\*35.00

Office Use Only

J. 8 10



## **COVER LETTER**

TO:	Amendment Se Division of Cor			
SUBJI	ECT:	TAZS Of Jacks	sonville, Inc.	
		Name of V	Corporation	
DOCL	MENT NUMB	ER: P08	8000088069	
The en	closed Statement	of Change of Registered Offic	ce/Agent and fee are submit	tted for filing.
Please	return all corresp	ondence concerning this matte	er to the following:	
		Tanya	Silvano	
	···	Name of Co	ontact Person	
		Firm/C	Company	
			arado Court	
		Ad	dress	
		Longwood	I, FL 32779	
		City/State a	I, FL 32779 and Zip Code	
		<b>4</b>		
		tanyasııvan nail address: (to be used for	o@aol.com	fication)
	15-11	ian address. (to be used for	ruture annuar report nous	ileation)
For fu	rther information	concerning this matter, please	call:	
		nya Silvano	at ( <u>407</u> ) Area Code & Dayti	928-8722
	~Name o	f Contact Person	Area Code & Dayti	me Telephone Number
Enclos	ed is a \$35.00 ch	eck made payable to the Depa	rtment of State.	
		Mailing Address:	Street Address:	
		Amendment Section	Amendment S	
		Division of Corporations	Division of Co	-
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildin	ng e Center Circle
		rananassee, FL 32314	Tallahassee, F	

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

statement of ch	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
1. The name of	the corporation: TAZS	S Of Jacksonv	-	
2. The principal	office address: 1740	Aivarado Court L	longwood, i L 32779	
3. The mailing	address (if different):			
4. Date of incom	poration/qualification:	9/22/2008	Document number:	P08000088069
	d street address of the curtment of State: (If resig		nt and registered office on	file with the
	Terry L. Johnson	CPA		<del> </del>
	406 Greyford Lan	e		
	Casselberry, FL	32707		
6. The name an (if changed):		ew registered agent (	if changed) and /or registe	**end
	Tanya Silvano			2010 FEB 22 SECTIONS
	1746 Alvarado Co			HAS
	Languaged El 20	P.O. Box NOT a	cceptable	المارين المارين
The street addr as changed wil	Longwood, FL 32 ress of its registered off the identical.	····	ldress of the business offic	ce of its registered agent,
Such change wauthorized by	vas authorized by resoluthe board, or the corpor	ation duly adopted bration has been notification	by its board of directors or fied in writing of the chan	r by an officer so
Signat	ure of an officer or director	$\mathcal{W}$	Tanya Silvan	no President
I hereby accept further agree of my duties, a document is be corporation ho	t the appointment as re to comply with the pro nd I am familiar with a sing filed merely to refl as been notified in writi	gistered agent and visions of all statut nd accept the oblig ect a change in the ng of this change.	agree to act in this capace es relative to the proper a ation of my position as re registered office address,	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the
UM	MUDIYVA	MO	2/17/2	2010
	gnature of Registered Agent ehalf of an entity:		Date	
	Typed or Printed Name			

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