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## **COVER LETTER**

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: TONY LLC  Name of Limited Liability Company		
Name of 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:		
MAHA ZIKRA  Name of Person	· 	
TONY LLC Firm/Company	<del> </del>	
7300 Sandlake Comm	nons Blvd, suite#112	
Orlando, Fl 32819 City/State and Zip Code		
Zikral@Aol. Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ALBERT ZIKRA at (L	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 amount:		
2525 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 605.0114 or 605.0116, 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:

1. Name of the limited liability company:

2. (a) 7300 Sand Lake Commons(b)

BLVd Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Stute #112

Orlondorfl32819

Date of filing/registration in Florida

5. (a) ALBERT ZIKRA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7300 Sand Lake Commons BLVd

Registered Office Address

MUST BE FLORIDA STREET ADDRESS)

Stute #112

Orlondo

FL 32819

(b) MAHA ZIKRA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Suite # 112 Orlando ,FL 32819

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized epresentative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)

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