

F10000002588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY - 3 AM 8:25

MAY - 4 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2016

BILL BIRD / TOYNE INC.
104 GRANITE AVE.
BRED, IA 51436 US

SUBJECT: TOYNE, INC.
Ref. Number: F10000002588

We have received your document for TOYNE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00006158

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Toyne inc.

Name of Corporation

DOCUMENT NUMBER: _____

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:

Bill Bird

Name of Contact Person

Toyne Inc.

Firm/Company

104 Granite Ave.

Address

Breda IA 51436

City/State and Zip Code

bbird@toyne.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Bird

Name of Contact Person

at (**712**) **673-2328**

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

**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: Toyne Inc.
2. The principal office address: 104 Granite Ave., Breda IA 51436
3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 19, 1995 Document number: FL0000002588

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John Lovell

850 Golden Beach Blvd

Venice FL 34285

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

Tom Siegfried

7050 Sunset Dr., South, #709

P.O. Box NOT acceptable

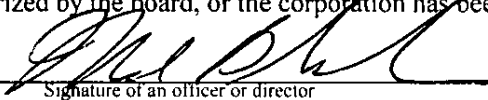
St. Petersburg FL 33707

16 MAY - 3 AM 8:25

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STATE
DIVISION OF CORPORATIONS

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

Michael D. Schwabe

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. On 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

12 APR 2016
Date

If signing on behalf of an entity:

Tom Siegfried

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 (03/12)