F10000005423

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

Office Use Only



100265497731

11/05/14--01012--010 **35.00

14 DEC 24 PM I2: 28

DEC 29 2014 T. CARTER

polico change

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TOV CAPITAL MARKETS, INC

Name of Corporation

F1000005423

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:

PATRICK BUTLER

Name of Contact Person

TOV CAPITAL MARKETS, INC

Firm/Company

1000 BRICKELL AVE. SUITE 1112

Address

MIAMI, FL. 33131

City/State and Zip Code

PBUTLER@TOVCAPITALUSA.COM

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

For further information concerning this matter, please call:

PATRICK BUTLER

,786 4051402

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2014

PATRICK BUTLER TOV CAPITAL MARKETS, INC 1000 BRICKELL AVE. SUITE 1112 MIAMI, FL 33131 US

SUBJECT: TOV CAPITAL MARKETS, INC.

Ref. Number: F10000005423

We have received your document for TOV CAPITAL MARKETS, 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):

You must list the name of the new registered agent in section 6.

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.

Tina D Carter Regulatory Specialist

Letter Number: 814A00024823

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: TOV CAPITAL MARKETS ,INC
2. The principal office address: 1000 BRICKELL AVE. SUITE 1112, MIAMI, FLORIDA 33.131
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/13/2010 Document number: F10000005423
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) JEFERSON MOREIRA (RESIGNED)
1000 BRICKELL AVENUE, SUITE 1112
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1000 BRICKELL AVENUE, SUITE 1112, MIAMI, FLORIDA 33.131 P.O. Box NOT acceptable
PATRICK BUTTLER WEW REGISTERED AGENT
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. PATRICK BUTLER
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 if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the dopporation has been notified in writing of this change. Printed or typed name and title Printed or typed name and title
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