

F190000000304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

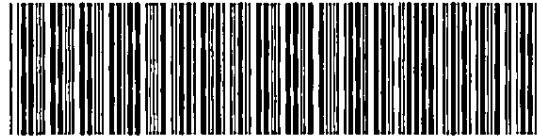
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000325100670

02/26/19--01015--005 \*\*35.00

MAR 07 2019  
S. YOUNG

19 FEB 26 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TOTH AND ASSOCIATES, INC.  
Name of Corporation

DOCUMENT NUMBER: F19000000304

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:

Amanda Gordon  
Name of Contact Person

Harbor Compliance  
Firm/Company

1830 Colonial Village Lane  
Address

Lancaster, PA 17601  
City/State and Zip Code

agordon@harborcompliance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Gordon at ( 717 ) 431-9163  
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

**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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOTH AND ASSOCIATES, INC.
2. The principal office address: 830 East Primrose Suite 200  
SPRINGFIELD, MO 65807
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/14/2019 Document number: F19000000304

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)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

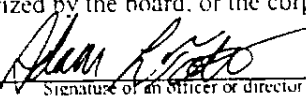
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

FILED  
19 FEB 26 AM 8:09  
TALLAHASSEE, FLORIDA


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

Adam L. Toth - Vice President  
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

2/21/19  
Date

If signing on behalf of an entity:

Bill Havre/Secretary/Registered Agents Inc.  
Typed or Printed Name

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