

LD6000027751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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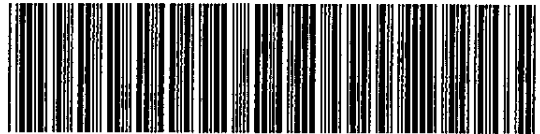
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Coleman Cabinet LHC *Installer*
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Phillip Coleman
(Name of Person)

Thomas Coleman Cabinets Installer LLC
(Firm/Company)

13137 Santee St., Spring Hill
(Address)

Spring Hill, Florida 34608
(City/State and Zip Code)

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For further information concerning this matter, please call:

Thomas Coleman at Home 686-7635
(Name of Person) (Area Code & Daytime Telephone Number)
352 Cell 678-8565

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Thomas Coleman Cabinet Installer LLC
2. The mailing address of the limited liability company is: 13137 Santee St.
Spring Hill, Florida 34608
3. Date of filing/registration in Florida: 3/15/06
4. Document number: LO6000027751

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SUZANNE CASINO
Name
5070 Baldock Ave.
Address
SPRING Hill, Florida 34608
City, State and Zip

6. The name and address of the new registered agent and/or office:

Thomas P. Coleman
Name
13137 Santee St.
Florida street address (P.O. Box NOT acceptable)
Spring Hill FL 34608
City, State and Zip

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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.

Suzanne Casino / Thomas Coleman
(Signature of a member or authorized representative of a member)

SUZANNE CASINO / THOMAS P. COLEMAN
(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 608, 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.

Thomas P. Coleman
(Signature of Registered Agent)

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