106000092080

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Toadusew Creative Concep (Name of L	ots LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Colleen N. Reale (Name of Person)		
Toadusew Creative Concepts LLC (Firm/Company)		
6731 Avenida de Galvez		
(Address)		
Navarre Florida 32566		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Colleen N. Reale	at (850) 529 5796	
(Name of Person)	(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 followin	g amount:	
☐ \$25 Filing Fœ	\$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 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:	Toadusew Creative Concepts LLC	
2. The mailing address of the limited liability of	ompany is : 8668 Navarre Pkwy #370	, Navarre Florida 32566
September 20, 2006	L06000092080	·
3. Date of filing/registration in Florida 4. Document num		
5. The name of the registered agent and the registerida Department of State:	stered office address as shown on th	e records of the
Corporation Service	e Company	
	Name	
1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	01
Address		VIS VIS
Tallahassee, FL 32301 City, State and Zip		AL
• ′		6 75
6. The name and address of the new registered a	gent and/or office:	VISION OF 24
Colleen N. Reale		PH . R
	Name	
6731 Avenida de Galvez		: 25
Florida street addres	s (P.O. Box NOT acceptable)	ທ ີ່ ວ່
Navarre	FL 32566	
City, S	State and Zip	_
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	nade, the Florida street address of the rill be identical. Or, in the case of a e change(s) was/were authorized by	e registered office Florida limited an affirmative vote
Colum N. Keale		
(Signature of a member or authorized representative of a memb	per)	
Colleen N. Reale		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the innited liability with the innited liability.	igent and agree to act in this capacit e to the proper and complete perfor is of my position as registered agent filed to merely reflect a change in th ty company has been notified in writ	y. I further agree to mance of my duties, as provided for in he registered office ling of this change.

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

(Signature of Registered Agent)