

107000107044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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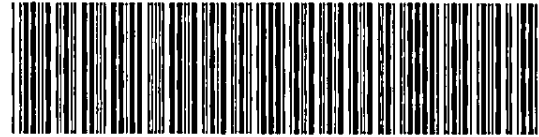
(Business Entity Name)

(Document Number)

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SEP 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2017

THOMAS INVESTMENT GROUP LLC
ATTN: SHAREE ALLEN
3 FORDHAM HILL OVAL, #6-H
BRONX, NY 10468

SUBJECT: THOMAS INVESTMENT GROUP LLC
Ref. Number: L07000107044

We have received your document for THOMAS INVESTMENT GROUP LLC and your check(s) totaling \$25.00. 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 417A00017935

2017 SEP 25 PM 2:01
REC'D
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Investment Group Llc
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharee Allen

Name of Person

Thomas Investment Group Llc

Firm/Company

3 Fordham Hill Oval

Address

Bronx N.Y. 10468 #6-H

City/State and Zip Code

Richard.Livingston36@gmail.com

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

For further information concerning this matter, please call:

Richard livingston

at (646) 6101242

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 following amount:

☒ \$25 Filing Fee

☐ \$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 605.0114 or 605.0116, 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. Name of the limited liability company: Thomas Investment Group Llc

2. (a) 9046 DuPont Place
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
Wellington, Florida 33414

(b) _____
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
3 Fordham Hill Oval
Bronx, N.Y. 10468 #6-H

10-22-2007

L07000107044

3. Date of filing/registration in Florida 4. Document number

5. (a) Richard livingston
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

9046 DuPont Place

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Wellington

Florida, FL 33414

(b) Sharee Allen

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address

_____, FL _____

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2017 SEP 25 PM 3:07
TALLAHASSEE, FL 09101

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.

Richard livingston
Signature of a member or authorized representative of a member

Richard livingston

Printed or typed name of signer

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 605, 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.

Richard livingston
Signature of Registered Agent