L08000040208

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				
A. LUNT				
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MAY - 6 2010				
EXAMINER				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	Tomw	orth [Desig	ıns		
	Name of	Limited	d Liabil	lity Co	ompany		
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office (Change	and f	ee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this m	atter to	the fo	ollowing:		
	Yvelisse Worthington			<u> </u>	17 <u>≱</u> 20		
	Name of Person						
	Tanananth Daoine				2011 HAY -3 Selval Mass		
	Tomworth Designs Firm/Company			_			
					PH 2: 3		
	1210 Seminole Palms Driv	/e			: 3 3 2 2		
	Address				τ-		
	Laka Warth El 22462						
	Lake Worth, FL 33463 City/State and Zip Code						
E	tomworthdesigns@gmail.com E-mail address: (to be used for future annual report notification)						
	•						
ror iu	orther information concerning this mat	ter, pre	ase can	ı :			
	Yvelisse Worthington	at (561)	703-1713		
	Name of Person	(_		Area Co	ode & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MA	ILIN	G ADDRESS:		
	Registration Section Registration Section Division of Corporations Division of Corporations						
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florida 32301						
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$5	5 Fili	ng Fee & Certified Copy		

INHS18 (5/08)

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.

Name of the limited liability company:	Tomworth Designs					
2. (a) Principal office address of limited liability company	10100 : 55.25					
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33463					
(b) Mailing address of limited liability company:	1210 Seminole Palms Drive					
(Note: MAY BE POST OFFICE BOX)	Lake Worth, FL 33463					
April 22, 2008	L08000040208					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	James M. Schiff					
Registered Office Address:	9130 South Dadeland Blvd Ste PH-1A Miami, FL 33156					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	Yvelisse Worthington					
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1210 Seminole Palms Drive					
(MCSI DE l'EGILEN GIRLEI PER LEGE	Lake Worth ,FL33463					
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote					
Signature of a prember or authorized representative of a member	-					
Yvelisse Worthington Printed or typed name of signee	_					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.					

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

Signature of Registered Agent