

L08000056325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

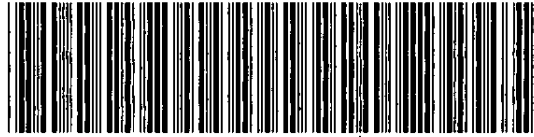
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
SEP - 4 2008
EXAMINER

This is an address change for myself as the registered agent from 1765 Hopper St. to 230 Deluna Road. I hope I filled the form in correctly! Please contact me if I jacked something up!

Thanks,

A handwritten signature in black ink, appearing to read 'Todd Siegrist', with a long horizontal stroke extending to the right.

Todd Siegrist
850-797-0627

FILED
08 SEP - 3 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toad Productions, 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:

Todd A. Siegrist
(Name of Person)

Toad Productions, LLC.
(Firm/Company)

230 Deluna Road SW
(Address)

Fort Walton Beach, Florida 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Siegrist at (850) 797-0627
(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

FILED
09 SEP - 3 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Toad Productions, LLC.

2. (a) Principal office address of limited liability company: 1765 Hopper St Apt 6
(Note: **MUST BE STREET ADDRESS**) Niceville, FL 32578

(b) Mailing address of limited liability company: 1765 Hopper St Apt 6
(Note: **MAY BE POST OFFICE BOX**) Niceville, FL 32578

06/09/2008 108000056325
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Todd A. Siegrist

Registered Office Address: 1765 Hopper St Apt 6
Niceville, FL 32578

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Todd A. Siegrist

NEW Registered Office Address: 230 Deluna Road SW
(**MUST BE FLORIDA STREET ADDRESS**) Fort Walton Beach, FL 32548

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.

Todd Siegrist
(Signature of a member or authorized representative of a member)

Todd Siegrist
(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 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.

Todd Siegrist
(Signature of Registered Agent)

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

08 SEP - 3 AM 11:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA