

LD9000068212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

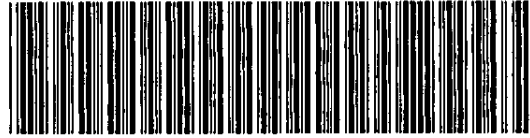
(Business Entity Name)

(Document Number)

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13 JUN -5 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

June 6 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2013

SAMUEL STOCKHAMER
6910 CONSOLATA STREET
BOCA RATON, FL 33433

SUBJECT: TOS ENTERPRISES LLC
Ref. Number: L09000068212

We have received your document for TOS ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00013574

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOS Enterprises, 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:

Samuel Stockhamer
Name of Person

TOS Enterprises, LLC
Firm/Company

6910 Consolata St
Address

Boca Raton FL 33433
City/State and Zip Code

SStockhamer@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Stockhamer at (561) 212-5121 cell
Name of Person Area Code & Daytime Telephone Number 447-9485 office

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

Check for \$35 was sent previously
#10 returned due to

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: TOS Enterprises, LLC
2. (a) Principal office address of limited liability company: 6910 Consolata St
(Note: **MUST BE STREET ADDRESS**) Boca Raton FL 33433
- (b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida: July 15, 2009 effective 8/01/2009
4. Document number: LOG000068212

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

Registered Agent:

Incorp. Services, Inc.

Registered Office Address:

17888 67th North
Knoxhatchee FL 33470

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

NEW Registered Agent:

Samuel Stockhamer

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6910 Consolata St.
Boca Raton FL 33433

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.

Signature of a member or authorized representative of a member

Samuel Stockhamer

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.

(Same)
Signature of Registered Agent

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

FILED
JUN -5 PM 3:33
TALLAHASSEE, FL 32314