

W00000048862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

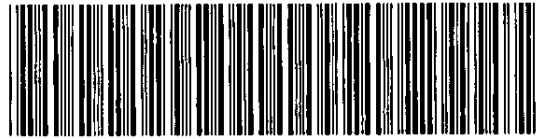
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE

15 DEC 22 AM 11:03

TO ACHIEVE  
SUFFICIENCY OF FILING

FILED

15 DEC 22 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2015

S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 921579 5156901

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 21, 2015

ORDER TIME : 4:37 PM

ORDER NO. : 921579-005

CUSTOMER NO: 5156901

CHANGE OF AGENT

NAME: TOSSED DRESSINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

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15 DEC 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tossed Dressings, 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:

Matthew Boyer

\_\_\_\_\_  
Name of Person

Tossed Franchise Company LLC

\_\_\_\_\_  
Firm/Company

1633 Broadway, Suite 1802A

\_\_\_\_\_  
Address

New York, New York 10019

\_\_\_\_\_  
City/State and Zip Code

mpb1@me.com

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

For further information concerning this matter, please call:

Matthew Boyer

at ( 917 ) 837-6652

\_\_\_\_\_  
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

INHS18 (2/14)

FILED  
15 DEC 22 AM 10:50  
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 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: Tossed Dressings, LLC

2. (a) <u>5550 Glades Road</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 500</u> <u>Boca Raton, FL 33431</u>	(b) <u>5550 Glades Road</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 500</u> <u>Boca Raton, FL 33431</u>
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3. <u>05/04/2010</u> Date of filing/registration in Florida	4. <u>L10000048862</u> Document number
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5. (a) Jason Chodash  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

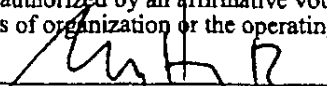
5550 Glades Road  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 500  
Boca Raton, FL 33431

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:  
  
Tallahassee, FL 32301

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15 DEC 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	Matthew Bover _____ 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.*

Janet Budhu, Asst. Vice President  
Signature of Registered Agent Corporation Service Company BY: 

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