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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

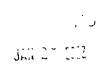
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COVER LETTER

Division of Corporations	
Toadja Enterprises, LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jamie Martin	
Name of Person	
Toadja Enterprises, LLC	
Firm/Company	a-valario
PO Box 722	
Address	
Floral City, Florida 34436	
City/State and Zip Code	
toadjaenterprises@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	H:
Jamie Martin, MGMR 30;	5 924 - 2351
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	ame of the limited liability company: Toadja Enterprise	s, LLC		
2. (a)	Jamie L. Martin		(b) Jamie L.	Martin
(u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9419 S. Spoonbill Ave.		PO Box 3	72911
	Floral City, FL 34436		Key Larg	o, FL 33037
	April 6, 2011		L11000041	340
3.5. (a)	Date of filing/registration in Florida Toadja Enterprises, LLC	4.		Document number
υ· (···	Registered Agent and Registered Office shown on the records of Jamie L. Martin	the Florie	la Dept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u>(S)</u>	Z022 JAN 10 SECRETAR' TALLAHA
	Key Largo, FL	33037		AHA AHA
(b)	Toadja Enterprises, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	MH 7:2
	Jamie L. Martin			ATE 21
	NEW Registered Office Address:			
	9419 S. Spoonbill Ave.			~~
	Floral City , FL	34436		
enange agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the l	register bility co f the lir	ed office an ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
<u>ia</u>	ture of a member or authorized representative of a member	Jan	ie Martin, M	
1 here pròviss the obs to mer notifie	by accept the appointment as registered agent and agree on a first appointment as registered agent and agree ons of all statutes relative to the proper and complete place of the proper and complete place of the provided of the proper and complete place agent as provided by reflect a change in the registered office address, I have been the proper of the change of the provided of the proper and provided the proper agent as provided in writing of this change.	ee to ac perform for in (ereby c	t in this cap ance of my Chapter 603 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been