## 112000149345

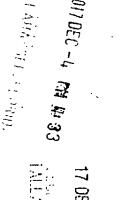
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
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December 5, 2017

THOMAS DUNFEE JR 2268 WEST END CT LEHIGH ACRES, FL 33973

SUBJECT: SNAPPY TOM'S LLC Ref. Number: L12000149345

We have received your document for SNAPPY TOM'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent information must match our records in section 5a, see enclosed document.

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

Cornected Form Enclosed

Octavia L Simmons Regulatory Specialist II

Letter Number: 917A00024496

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Suppy /o	e 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	s matter to the following:			
Thomas L. Dunfee Jr. Name of Person				
Snappy Tom's Firm/Company				
2268 West Ed C, Address	<u>7</u>			
Lehigh Acnes Fl. 33973 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Thomas Durfee	at (_239_) 210_1137			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
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.	Na	Name of the limited liability company:	n's LLC
2		) Suppy Tom's (b)	( · /
-	(**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)
		2268 West End CT. 22	68 West End CT.
			ich Acres F1. 33973
_		Nov 2820/2 L/Date of filing/registration in Florida 4.	12000149345
3.			Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept.	ブルC 。 of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	— 普里州
		13302 Winding OAKS COURT SUIT	Te A
	(b)	- $+$ $+$ $+$ $+$	7e A -3425
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		Thomp I Denter In	
		NEW Registered Office Address:	
		2268 West End CT.	
		Lehigh Acris F1. 3397)	
the age wa	cha ent w s/we	climited liability company is not organized under the laws of the State hange or changes are made, the Florida street address of the registered twill be identical. Or, in the case of a Florida limited liability companwere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability.	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
		nature of a member or authorized papersentative of a member	Printed or typed name of signee
	_		
pro the to i	visi obli merc	reby accept the appointment as registered agent and agree to act in thi isions of all statutes relative to the proper and complete performance obligations of my position as registered agent as provided for in Chapterely reflect a change in the registered office address. I hereby confirmited in writing of this change.	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

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

Signature of Registered Agent