

U3000047356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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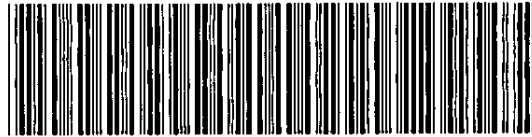
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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. : 921579-010

CUSTOMER NO: 5156901

CHANGE OF AGENT

NAME: TOSSED FRANCHISE
INTERNATIONAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tossed Franchise International, 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 Franchise International, LLC

2. (a) 5550 Glades Road Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Suite 500

Boca Raton, FL 33431

(b) 5550 Glades Road Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 500

Boca Raton, FL 33431

3. 03/29/2013 Date of filing/registration in Florida 4. L13000047356 Document number

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

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.

Matthew Boyer
Signature of a member or authorized representative of a member

Matthew Boyer
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: [Signature]

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00