

L13000047356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

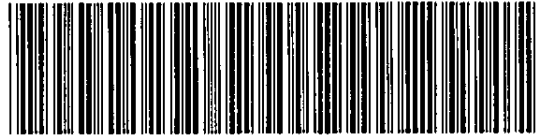
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
MAR 24 AM 10:56
TALLAHASSEE
SUFFICIENCY OF FILING

FILED
MAR 24 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2016
J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 075644 5156901

AUTHORIZATION :

COST LIMIT : \$ 254.00

ORDER DATE : March 23, 2016

ORDER TIME : 9:02 AM

ORDER NO. : 075644-005

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: _____

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

**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) <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>03/29/2013</u> Date of filing/registration in Florida	4. <u>L13000047356</u> Document number
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5. (a) Tossed Franchise Company, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

433 Plaza Real
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 275

Boca Raton, FL 33432

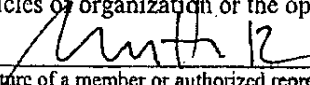
(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:

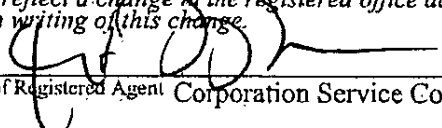
Tallahassee, FL 32301

FILED
16 MAR 24 AM 8:44
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	<u>Matthew Boyer</u> _____ Printed or typed name of signee
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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.

 _____ Signature of Registered Agent	<u>Janet Budhu, Asst. Vice President</u> BY:
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00