114000068240

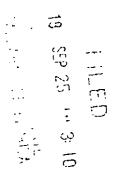
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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08/29/18--01009--034 *≉55.00



SEP 2 , 2018



September 7, 2018

JACOBUS WOLMARANS 37926 CHURCH AVE DADE CITY, FL 33526

SUBJECT: TOBY'S ULTIMATE BEEF SNACKS LLC

Ref. Number: L14000068240

We have received your document for TOBY'S ULTIMATE BEEF SNACKS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 518A00018481

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJI	Toby's Ultimate Beef Snacks					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the	following:			
Jacob	ous Wolmarans					
	Name of Person		_			
Toby's Ultimate Beef Snacks						
	Firm/Company		_			
37926	6 Church Ave					
	Address					
Dade	City, Florida, 33526					
	City/State and Zip Code		_			
admir	@tobysbutchershop.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, pl	ease call:				
		888	626 0443			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	M/	AILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building		D. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	I al	lahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	2 \$5	5 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:Toby's Ultin	nate Beef Snacks			
2. (a)	PRINCIPAL OFFICE ADDRESS	(b) MAILING	(h) MAILING ADDRESS		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	37926 CHURCH AVE #873	РО ВОХ	C#873		
	DADE CITY, FL 33526	DADE C	CITY, FL 33526		
	04/18/2014	L1400006	68240 6		
3.	Date of filing/registration in Florida	4.	Document number-		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept, of State	SEP 25 PM		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	30 99 Gr 1		
		FL	-		
(b)	JACOBUS WOLMARANS		REO-		
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	NECEIVED		
	NEW REGISTERED AGENT ADDRESS		RECEIVED SEP 2 5 2018		
	NEW Registered Office Address:		-		
	37926 CHURCH AVE #873				
	DADE CITY	_{FL} 33526			
the cha agent was/w the art Signa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and completingations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change	of the registered office liability company, it is sof the limited liability confice limited liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. Printed or typed name of signee		

Signature of Registered Agent