

L15600028735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

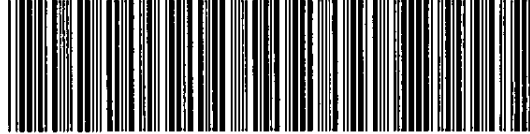
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1

Office Use Only



500276342325

08/26/15--01021--003 **55.00

FILED

2015 AUG 26 P 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Business Professionals, 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:

Michael D. Thomas

Name of Person

Thomas Business Professionals, LLC

Firm/Company

6215 Savannah Breeze Ct., Apt 306

Address

Tampa, Florida 33625

City/State and Zip Code

mthomas@tbprof.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Thomas

Name of Person

at (405)

922-4550

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

FILED
2015 AUG 26 P 1:44
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: Thomas Business Professionals, LLC

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

6215 Savannah Breeze Ct., Apt 306

Tampa, Florida 33625

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

PO Box 340267

Tampa, Florida 33694

February 10, 2015

L15000028725

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael D. Thomas, Thomas Business Professionals, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6215 Savannah Breeze Ct., Apt 306

Tampa, FL 33625

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

NEW Registered Office Address:

6653 Wild Elm Ct.

Wesley Chapel, FL 33545

FILED
2015 AUG 26 P 1:44
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.

Michael D. Thomas
Signature of a member or authorized representative of a member

Michael D. Thomas

Printed or typed name of signee

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.

Michael D. Thomas
Signature of Registered Agent

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