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(Re	equestor's Name)			
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SECRETARY OF STATE
VILLIUS OF CORPORATIONS
VILLIUS OF CORPORATIONS

124 Office Change

JAN 1 1 2020

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOMBOLO BOOKS 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:	
ALSACE YOUNG-WALENTINE Name of Person	
TOMBOLD BOOKS LLC Firm/Company	
P.D. BOX 7286 Address	
ST. PETERSBURG, FL 33734 City/State and Zip Code	න සම
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ALSACE Young - Walentinear (727) 755-9456 Name of Person Area Code & Daytime Telephone Number	~ 5~
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

		_				
I. Na	me of the limited liability company: TOHBOLD	BOOKS LLC				
2. (a)	2153 IST AVE, S (6	P.O. BOX 7286	0			
· · · ·	Principal office address of limited liability company:	Mailing address of limited liabilit	y company:			
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFIC				
	ST. HETERSBURG, FL	ST. PETERSBU	K(o, F-			
	33712		3734			
	1/11/2017	1 47 004007	510			
.	Date of filing/registration in Florida 4.	<u> </u>	168			
J.						
5. (a)	ALSACE YOUNG - WALEN Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:				
	1923 12 th STREET, N	Dept. of State.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>				
	ST. PETERSBURG FL					
		3 7 04	; > *********************************			
	, FL	<u>5704</u>	- 150 - 154 - 170 - 156			
(b)	SAME AS ABOVE		등 중류			
	Enter name of NEW Registered Agent and/or NEW Registered Office add	lress:				
	NEW Registered Office Address:		STAT SKAT			
	2153 IST A VENUE, S		50 E			
	· .	- 	<i>5</i> > '			
	ST. PETERSBURG, FL 33	3712				
If the lis	mited liability company is not organized under the laws of the	State of Florida, it is becaby confirmed	that after the			
change	or changes are made, the Florida street address of the registered	d office and the business office of the r	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						
he artic	cles of organization or the operating agreement of the limited li		. 4			
Signati	ure of a member de authorized representative of a member	Printed or typed name of signee	JALENTINE			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further garee 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 he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed o 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.						
Signatur	e of Registered Agent					

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

HS18 (2/14)