## 117000173722

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number	)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		
<del></del>		<del></del>		

Office Use Only



800310315398

03/12/18--01018--001 \*\*25.00



D. SCOTT

## **COVER LETTER**

	sistration Section ision of Corporations			
211	· .			
SUBJECT:	Tooneyco	LLC		
SUBJECT: Toomey Co LC Name of Limited Liability Company				
Dear Sir or	Madam <sup>.</sup>			
The enclose	ed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this mat	tter to the following:		
	Jose Matta			
	Name of Person	·····		
	Firm/Company			
510	3 Riversia. RIV			
<del>- 710</del>	3 Riverview Blv Address	<u> </u>		
		:	a. 2	
<u>Bra</u>	denton, FL 3420 City/State and Zip Code	99		Π.
	City/State and Zip Code		MIII HAR 12	-
+	00/4//02/012/020	1	SSE SSE	M
E-mai	ooney (o 2017 agn l address: (to be used for future annual re	eport notification)	A A	
For further	information concerning this matter, pleas	se call:	A II: 20	
		· · · · · · · · · · · · · · · · · · ·	₽. D	
Y	aul 100 mey at	(813, 486-8455		
	Name of Person	Area Code & Daytime Telepho	one Number	
STI	REET/COURIER ADDRESS:	MAILING ADDRESS:		
_	sistration Section	Registration Section		
	Division of Corporations  Division of Corporations  Division of Corporations			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
	lahassee, Florida 32301	Tananassee, Florida 32314		
Enc	closed is a check for the following amo	unt:		
	225 Filing Fee	□ \$55 Filing Fee & Certified Copy		
—————————————————————————————————————	722 I IIII I I VV	- \$55 rung roo oo common 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

I. Nai	me of the limited liability company:	mey (o	LLC
2. (a) _		(b)	
- ( <del>u</del> ) -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8203 37th Ave Circle	_W	
	Bradeston, FL 34209		
	8/15/2017		L17000173722
3.	Date of filing/registration in Florida	4.	Document number
<b>.</b> (-)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Paul Toomey	•	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	
	8203 37th Ave CI		
	Bruderton, FI	34209	<u>1_</u>
(b)	Jose Matta		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	Post -
			AASSEE
	NEW TOTAL		
	NEW Registered Office Address:	,	10 R
	5103 Riverview Blu	<u>ル</u>	
	Bradeton	3420	7
	mited liability company is not organized under the law nge or changes are made, the Florida street address of		
agent w	vill be identical. Or, in the case of a Florida limited li	ability company,	, it is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members of organization or the operating agreement of the		
inc arm	cies of organization of the operating agreement of the		ul Tooney
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
I hereb provisio he obli o mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the
<u>Z</u>	of Caristand Appl		*. :