

118 0000 82344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

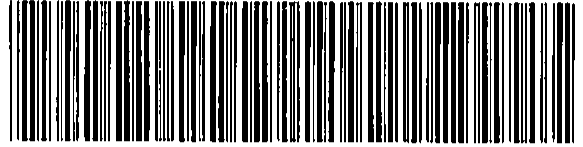
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tew Many Holdings LLC
Name of Corporation

DOCUMENT NUMBER: L18000082344

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Justin Gorman

Name of Contact Person

Tew Many Holdings LLC

Firm/Company

1944 Frankford Ave

Address

Panama City FL 32405

City/State and Zip Code

justin@rjgormanmarine.com

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

For further information concerning this matter, please call:

Justin Gorman

Name of Contact Person

at (850) 769-7747
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



2020 MAR 26 11:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2020

ROBERT JUSTIN GORMAN
1944 FRANKFORT AVE
PANAMA CITY, FL 32405

SUBJECT: TEW MANY HOLDINGS, LLC
Ref. Number: L18000082344

We have received your document for TEW MANY HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If Robert Justin Gorman is going to be the new registered agent, he needs to be listed in section 6 as registered agent. The address listed in section 6 is not the address for the current registered agent listed in our records, and therefore cannot be listed as such unless the registered agent is changing also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00005276

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: TEW MANY HOLDINGS LLC

2. (a) 1944 FRANKFORD AVE (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

PANAMA CITY FL 32405

4/2/18

L180000082344

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS INC

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

13302 WINDING OAKS CT A

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TAMPA, FL 33612

(b) ROBERT JUSTIN GORMAN

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1944 FRANKFORD AVE

NEW Registered Office Address:

PANAMA CITY, FL 32405

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.

Sign.

Signature of an officer or director

Robert Justin Gorman

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 of the change.

Signature of Register

half of an

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00