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COVER LETTER

TO:	Registration Section
	The defending Problems and the

Division of Corporations

SUBJECT: Tom Humbert 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:

Thomas C Humbert

Tom Humbert LLC

123 Brian St

Tampa FL 33614
City/State and Zin Code

taxes et tom humbert.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas C Humbert at (727) 271-6288

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. No	nme of the limited liability company: Tom Humbert LLC	
	Tom Humbert LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	-
	123 Brianst 123 Brian St	_
	Tampa FL 33614 Tampa FL 33614	-
3.	February 22 2021 Date of filing/registration in Florida L21000086521 Document number	-
5. (a)	Thomas C. Humbert Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Tampa .FL33614	
(b)	Thomas C Humbert Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	123 Brian ST NEW Registered Office Address	
	Tampa .FL 33614	
agent was/we the artic	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. Thomas Chunbert, member or authorized representative of a member. Printed or typed name of signee.	~
the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.	
Signatur	of Registered Agent	

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