## L23000318664

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone :	#)			
PICK-UP WAIT	MAIL			
(Business Entity Name	e)			
(Document Number)				
Certified Copies Certificates of	of Status			
Special Instructions to Filing Officer:				





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2024 JUN 20 PM 12: 52
2024 JUN ASSEE FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations	
Tomes Consulting SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	ratter to the following:
Jackie Tomes	
Name of Person	<del> </del>
Tomes Consulting	
Firm/Company	
1206 Autumn Pines Dr	
Address	<del></del>
Orange Park, Fl 32065	
City/State and Zip Code	
jackietomes@yahoo.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Jackie Tomes	904 312-4679
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 am	iount:
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified 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.

L N	ame of the limited liability company:Tomes Consulting	ng רוכ				
2. (a)	1206 Autumn Pines Dr Orange Park, FL 32065	(b)	(b) 1206 Autumn Pines Dr Orange Park, FL 32065			
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(",	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	<del> </del>		••••			
	July 7, 2023	I.2.	3000318664			
3.	Date of filing/registration in Florida	4.	Document n	number		
5. (a	Cheyenne Mosely UNITED STATES CORPORAT	ION AGENTS,	, INC.			
	Registered Agent and Registered Office shown on the records o 476 Riverside Ave	of the Florida Dep	ot, of State:			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<del></del>			
	Jacksonville F	L_32202		2024 TĂLI		
(b)	Jackie Tomes			2024 JUN 20 TÄLLÄHÄSSE		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>s</u> :			
	1206 Autumn Pines Dr			PMI E. Fil	ED	
	NEW Registered Office Address:			2: 52 JALE ORIDA		
	Orange Park, F	L <sup>32065</sup>				
chang agent was/w	limited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of iability compa- of the limited	ffice and the business any, it is hereby confi Hiability company or	s office of the regis	stered age(s)	
	nucky Jomes  ture of a member or authorized representative of a member	Jac	CKIE Tomes Printed or type	<u> </u>		
Signa	attire of a member or authorized representative of a member		Printed or type	ed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	r performance	of my duties, and fo	am familiar with a	ul accent	
Signati	are of Registered Agent					