L47751

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SECRETARY OF STATE
ALLAHASSEE FLORID

RA. Change C.COULLIETTE

APR 1 6 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tone and Associates, INC Name of Corporation
DOCUMENT NUMBER: L47751
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:
Paulette Tone Name of Contact Person
Name of Contact Person
Tone and Associates, Inc.
P.O. Box 1390 Address
Valrico, FL 33595 City/State and Zip Code
E-hall address: (to be used for future armulal report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 689-2292 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Tone & Associates, Inc.
2. The principal office address: 2104 Crooked Creek way
Valrico, FL 33596
3. The mailing address (if different): P.O. Box 1390
VALRICO, FL 33595
4. Date of incorporation/qualification: 2/6/1990 Document number: L47751
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
LPS Corporate Services, INC.
46 North Washington Blvd, Suite 1
Sarasota, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WILLIAM K. Jone
2104 Crooked Creek way
Valrico, FL 33596
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Paulette J. Dre Printed or typed name and title Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
William Date Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *