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THOMAS FUNDS, L.C.							
		AA 99 A A A			00 AUG 29 AM 10:	02	
Principal Place of Business Mailing Address 124 SHELL AVENUE SE P.O. BOX 4246					•	D	
FT WALTON BEACH FL 32548 FORT WALTON BEACH FI			L 32549-4246		. 10011431 BIB (PICE BICL PRIN APLI ARIO AND	-	IAAA ARII KAA
9 D-:: D	loss of Physics	3. Mailing Address					
2. Principal Place of Business				DO NOT WIDTE IN THIS COACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & State		City & State			Number	No	ot Applicable
Zip	Country	Zip	Country	1	ificate of Status Desired	\$5.00 Add	ditional ed
	6. Name and Address of Curre	nt Registered Agent	Name -	7 Nam	e and Address of New Registere	d Agent	
PERRI, DA	NIEL C		10	entic		<u> </u>	
5 CLIFFORD DRIVE, SUITE: 12			Street Addres	12 4	Number is Not Acceptable)	ح. ﴿	
SHALIMAR FL 32579			City		, , , , , , , , , , , , , , , , , , ,	Zio Cod	548
8. The above	named entity submits this statement	for the purpose of changing its	s registered office or regis	tered agent.	Jon Desch	- 132	248
	Park	-N 1/2	· ·		C/1/	(P)	
SIGNATURE .	Signature, typed or printed name of registered age	nn and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstat	ing) DATE		
			OW!!! FEE IS \$50.0				
			ayable to Department	or State			
9. TITLE	MANAGING MEN	BERS/MEMBERS	10.		ADDITIONS/CHANG	_S Change	Addition
MAME STREET ADDRESS	THOMAS, PRENTICE M JR P.O. BOX 4246 N/A		NAME STREET ADDRESS		500003384		2
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TITLE NAME		Dedute	TITLE NAME			□ wanAq	
STREET ADDRESS CITY-ST-ZIP	, 		STREET ADDRESS CITY-ST-ZIP				
indicated	ertify that the information supplied w on this report is true and accurate a bility company or the receiver or trus	nd that my signature shall have	the same legal effect as	if made unde	er oath; that I am a managing mem	certify that the inber or manage	information er of the
	Manage 4		YOEN		-//		