

N20000005286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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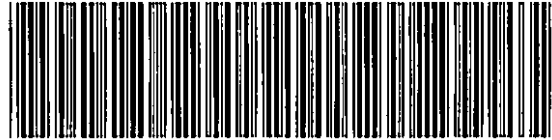
(Business Entity Name)

(Document Number)

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A. Butler  
9/2/21

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Thomas for Them Inc  
Name of Corporation

DOCUMENT NUMBER: N 20000005286

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:

Dwight Thomas  
Name of Contact Person

Virtual office / Starthub  
Firm/Company

66 West Flagler St Suite 900  
Address

Miami Florida 33130  
City/State and Zip Code

thomas forthem@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwight Thomas at ( 786 ) 354-3697  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Thomas for them Inc
2. The principal office address: 66 West Flagler St suite 900  
Miami Florida 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 18, 2020 Document number: N 200 00005286
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)

Dwight R Thomas  
1505 Washington St Apt 10  
Hollywood FL 33020

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dwight Thomas  
66 West Flagler street Suite 900  
P.O. Box NOT acceptable  
Miami Florida 33130

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.

[Signature]

Signature of an officer or director

Dwight Thomas

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.

[Signature]

Signature of Registered Agent

[Signature]

8/5/2021  
Date

If signing on behalf of an entity:

Dwight Thomas

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

SECRETARY OF STATE  
TALLAHASSEE, FL

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