

P00000050676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

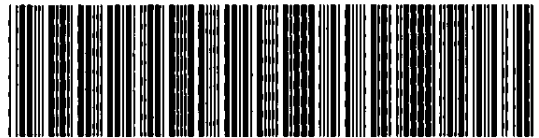
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLIETTE

JUN -2 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THOMAS CHARLES DESIGNS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P00000050679

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:

Thomas C. Raccis  
Name of Contact Person

THOMAS CHARLES DESIGNS, INC.  
Firm/Company

3758 Breezemont Drive  
Address

Sarasota, FL 34232-1216  
City/State and Zip Code

tagraccis@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas C. Raccis at ( 941 ) 320-8995  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2009

THOMAS C. RACCIS  
3758 BREEZEMONT DR  
SARASOTA, FL 34232-1216

SUBJECT: THOMAS CHARLES DESIGNS, INC.  
Ref. Number: P00000050679

We have received your document for THOMAS CHARLES DESIGNS, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

I am waiting on your signed copy of the change of registered agent for your corporation per phone call this morning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 509A00017945

RECEIVED  
2009 JUN -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: THOMAS CHARLES DESIGNS, INC.
2. The principal office address: 3758 Breezemont Drive, Sarasota, FL 34232-1216
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/19/1983 Document number: P00000050679
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)

Thomas C. Raccis  
240 Shopping Ave, Suite 313  
Sarasota, FL 34237-7125

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

Thomas C. Raccis  
3758 Breezemont Drive  
P.O. Box NOT acceptable  
Sarasota, FL 34232-1216

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**09 JUN -2 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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.

 Thomas C. Raccis, President  
Signature of an officer or director 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.*

 05/20/09  
Signature of Registered Agent Date

If signing on behalf of an entity:

Thomas C. Raccis, President  
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 (8/05)