

P01000009884

(Requestor's Name)

ToMi Autos & Outdoor Equipment
1041 Harrison Ave.
Panama City, FL 32401
Tel: 850-822-7172
Fax: 850-215-7171

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

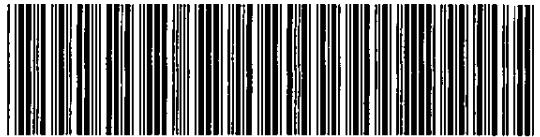
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200137125812

10/24/08--01014--001 **35.00

FILED
08 OCT 24 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACM
10/30/08

**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: ROYAL GARDEN MANAGEMENT, inc
2. The principal office address: 1041 HARRISON AVE
PANAMA CITY, FL 32401

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 01/23/01 Document number: PO100000-9884

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)

RESIGNED

FILED
08 OCT 24 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TOMAS ZUBICEK
9315 SANDRA GRACERD.
(P.O. Box NOT acceptable)
Panama City, FL 32409

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)

TOMAS ZUBICEK
(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)

10/22/08
(Date)

If signing on behalf of an entity:

alkfjsaldfj
(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)