POZ000029914

(Requestor's Name)				
(Ad	dress)			
(Address)				
•	•			
(City/State/Zip/Phone #)				
(On	yrotatorzipii ilone	,		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
	_			
r				
Special Instructions to Filing Officer:				
:				

Office Use Only



800110702598

Ro Charge Thereis

10/12/07--01034--023 **35.00

2007 OCT 12 PM 3: 4:
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: TOMER INC. (Name of Co	orporation)			
DOCUMENT NUMBER: P02000029914				
The enclosed Statement of Change of Registered Office	/A gant and for one submitted for filing			
Please return all correspondence concerning this matter	to the following:			
FELICE H. TOMER				
(Name of Con	itact Person)			
TOMER INC.				
(Firm/Co	трапу)			
1000 WEST SKYVIEW LANDINGS DRIVE				
(Addr	ess)			
HERNANDO, FLORIDA 34442				
(City/State an	d Zip Code)			
For further information concerning this matter, please c	all:			
FELICE H. TOMER	at (352) 270-8298			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departi	ment of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
······································	Tallahassee, FL 32301			

TO:

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of FLORID gistered agent, or both, in the State of Florida.		
1. The name of t	he corporation: TOMER, INC.			
2. The principal office address: 1000 WEST SKYVIEW LANDINGS DRIVE				
	HERNANDO, FLO			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/19/2002	Document number: P02000029914		
	I street address of the current registered tment of State:	ed agent and registered office on file with the		
	FELICE H. TOMER			
	227 ELLA AVENUE			
	INVERNESS, FLORIDA 3445	50	FILE PORTER	
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2 PH 3: H	
	FELICE H. TOMER		3: 5	
	1000 WEST SKYVIEW LAN	DINGS DRIVE	Driv Brown	
	(P.O. Box NOT accep			
	HERNANDO, FLORIDA 344	142		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its registe	ered agent,	
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer n notified in writing of the change.	so	
A sam (Signati	ire of an officer or director)	DAVID TOMER, Vice President (Printed or typed name and title)		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ng filed merely to reflect a change i s been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete pe obligation of my position as registered agent. in the registered office address, I hereby confir nge.	erformance Or, if this om that the	
Blue	H Jomes	10/11/2007		
(Sig	gnature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
(7)	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 * * *