

P17000056477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

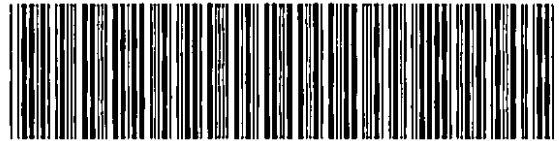
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2018 JUL 25 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FL

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Pat Change

8/1/18

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2018

MELISSA BURKHISER
A+ DISCOUNT VACUUMS & JANITORIAL SUPPLIE
21633 STATE ROAD 54
LAND O LAKES, FL 34639

SUBJECT: TOMMEL, INC.
Ref. Number: P17000056477

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 918A00014454

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RECEIVED
18 JUL 25 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOMMEL INC
Name of Corporation

DOCUMENT NUMBER: P17000056477

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:

Melissa Burkholder
Name of Contact Person

Tommel
Firm/Company

21633 Village Lakes Shopping Center
Address

Land O Lakes, FL 34639
City/State and Zip Code

tm.burkholder3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Burkholder at (813) 949-4994
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

18 JUL 30 PM 2:14

SECRETARY OF
TALLAHASSEE

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

2. 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: Tommel, Inc.
2. The principal office address: 21633 Village Lakes Center Dr.
Land O Lakes FL 34639
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6-29-2017 Document number: P17000056477

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)

United States Corporation Agents Inc.
13302 Winding Oak Court A
TAMPA, FL 33612

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

Melissa Burkhuiser
18716 Wimbledon Cir
Land FL 33558

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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

MELISSA BURKHUISER (treasurer)
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

6-15-2018
Date

If signing on behalf of an entity:

MELISSA BURKHUISER
Typed or Printed Name

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