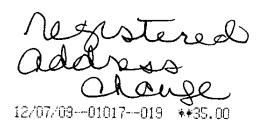
P99000070698

•
(Requestor's Name)
(Address)
(Address)
(133-33)
(Cit.)(Ct-t-17i-)(Dt
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinion Manipoly
Certified Copies Certificates of Status
. Special Instructions to Filing Officer:
·
·

Office Use Only



100162058991





80 Pg 109

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tommys Island, TNC Name of Corporation
DOCUMENT NUMBER:
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:
Susan Leonard Name of Contact Person
Name of Contact Person
Tommys Island Firm/Company
···
2233 W. fair banks Ave
2233 W. fair banks Ave Address Winter Park, FL 32789 City/State and Zip Code
Susan Octommys island . com
E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future amula report notification)
For further information concerning this matter, please call:
Susan Leonard at (H07) 696-0043 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: TommyS Tsland; Inc
2. The principal of	office address: 2233 W. Lairbanks AVE Winter Park, FL 32789
3. The mailing ac	Idress (if different): 5nne
4. Date of incorp	oration/qualification: 8-2-1999 Document number:
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Susan Leonard
6. The name and (if changed):	1740 E. ADAMS DRIVE
	MaiHand, FL 32751
	Mai Hand, FL 32751 street address of the new registered agent (if changed) and /or registered office.
	Susan Leonard Fig 7
	90 Minnehaha Circle
	Maitland, FL 32751
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the expression has been notified in writing of the change.
_/hm	Susan Leonard Frinted or typed name and title
I haveby assent	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
//W	M (Mayor) 11/30/69 Nature of Registered Agent Date
, ,	half of an entity:
Ty	ped 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 * * *