

F14348

(Requestor's Name)

(Address)

(Address)

(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



800024776798

EA
Change

11/25/03--01034--001 **43.75

11/25/03--01034--002 **8.75

RECEIVED
03 NOV 25 AM 11:35
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 25 PM 2:25

FILED


11/26/03

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tegenkamp Clearvision Optical,
Inc.

He says the database
reflects the wrong officers will you
please check on this.

Thanks, 
SL

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

☒ RA Resignation Change

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

☒ Certificate of Good Standing showing office

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tegenkamp Clear Vision Optical, Inc.

2. The mailing address of the corporation: 5115 N. Palafox St
Pensacola, FL 32505

3. Date of incorporation/qualification: 1-12-81 Document number: F14848

4. The name and address of the current registered agent and office:

Robert F Tegenkamp
5115 N. Palafox St
Pensacola, FL 32505

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Capital Connection, Inc.
447 E. Virginia St.
Ste. #1
Tallahassee, FL 32301

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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.

Mark Tegenkamp 11-20-03
(Signature of an officer, chairman or vice chairman of the board) (Date)

Mark Tegenkamp, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Stacey Leggett 11/25/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Stacey Leggett Client Representative
(Typed or Printed Name) (Capacity)

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