

F18986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

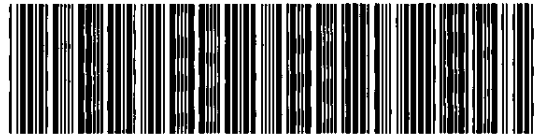
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 MAY 26 PM 2:07

R. Ochoa
CFC
5/28

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED
2009 MAY 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Springsteen International, Inc.
Name of Corporation

DOCUMENT NUMBER: F18986

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:

James F. Springsteen

Name of Contact Person

Springsteen International, Inc.

Firm/Company

16805 Sheringham Ln

Address

Lutz, FL 33549

City/State and Zip Code

jim.springsteen@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James F. Springsteen

Name of Contact Person

at (813)

949-4737

Area Code & Daytime Telephone Number

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

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



Springsteen International, Inc.

16805 Sheringham Lang
TELEPHONE (813) 541-4489
Email: jim.springsteen@verizon.net

May 22, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter Number 009A00017054

Dear Sir/Madam:

Per the attached letter, I have enclosed a check (\$35.00) for the filing fee. I apologize for the oversight.

Sincerely,

James F. Springsteen



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2009

JAMES F. SPRINGSTEEN
SPRINGSTEEN INTERNATIONAL, INC.
16805 SHERINGHAM LANE
LUTZ, FL 33549

SUBJECT: SPRINGSTEEN INTERNATIONAL, INC.
Ref. Number: F18986

We have received your document for SPRINGSTEEN INTERNATIONAL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00017054

**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: Springsteen International, Inc.
2. The principal office address: 16805 Sheringham Ln, Lutz, FL 33549
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/10/1981 Document number: F18986
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)

James F. Springsteen

4028 Dellbrook Dr.

Tampa, FL 33624

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

16805 Sheringham Ln

P.O. Box NOT acceptable

Lutz, FL 33549

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TALLAHASSEE, FLORIDA
09 MAY 26 PM 2:07

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

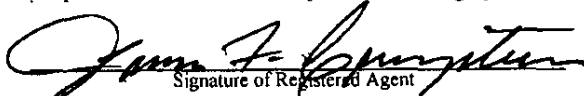
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

James F. Springsteen, President

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 of Registered Agent

05/11/2009

Date

If signing on behalf of an entity:

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)