

H67730
Change of Address
Please type or print.

OMB No. 1545-1180

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ▶ ☐
- 2 ☐ Employment tax returns for household employers (Forms 942, 940, and 940-EZ)
▶ Enter your employer identification number here ▶ _____
- 3 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

COPY

▶ Decedent's name

▶ Social security number

4a Your name (first name, initial, and last name)	4b Your social security number
5a Spouse's name (first name, initial, and last name)	5b Spouse's social security number
6 Prior name(s). See instructions.	

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). See instructions.	Apt. no.
8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

- 9 ☒ Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)
- 10 ☐ Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.
- 11 ☐ Business location

12a Business name CANAAN INVESTMENTS, INC.	12b Employer identification number 59-2678255
13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 612 ROCHESTER STREET OVIEDO, FL 32765-8162	Room or suite no.
14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 306 SOUTH BOULEVARD TAMPA, FL 33606-2151	Room or suite no.
15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.

Part III Signature

Daytime telephone no. of person to contact (optional) ▶ **(813) 253-6027**

Please
Sign
Here

Your signature

Date

If Part II completed, signature of owner, officer,
or representative

Date

If joint return, spouse's signature

Date

PRESIDENT
Title