

N19 0000002043

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN -9 P 12:05

FILED

T. LEMIEUX
JAN 10 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fernandez Stamerro Foundation for Ai
Name of Corporation

DOCUMENT NUMBER: N19000002043

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:

Hector Fernandez

Name of Contact Person

Fernandez Stamerro Foundation fo

Firm/Company

1130 San Marco Rd

Address

Marco Island, Fl, 34145

City/State and Zip Code

hectorfernandezjr@live.com

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

For further information concerning this matter, please call:

Hector Fernandez

Name of Contact Person

305 898-8991

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2019

HECTOR FERNANDEZ
1130 SAN MARCO RD
MARCO ISLAND, FL 34145

SUBJECT: FERNANDEZ STAMERRO FOUNDATION FOR AT RISK
STUDENTS, INC.
Ref. Number: N19000002043

We have received your document for FERNANDEZ STAMERRO FOUNDATION FOR AT RISK STUDENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to have Tyler Stamerro information on section 6.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00025449

2020 JAN 14 10:14

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fernandez Stamerro Foundation for At Risk Students
2. The principal office address: 1130 San Marco Rd, Marco Island, FL, 34145
3. The mailing address (if different): 1130 San Marco Rd, Marco Island, FL, 34145
4. Date of incorporation/qualification: 2/22/19 Document number: N19000002043
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)

Nicholas F. Costantini

9360 Vanderbilt Drive, Naples, FL

Resigned

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

Tyler D. Stamerro

11496 Quail Village Way, Naples, FL

P.O. Box NOT Acceptable

COO

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.

Hector Fernandez

Signature of an officer or director

Hector Fernandez 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.

Tyler Stamerro

Signature of Registered Agent

11-6-19

Date

If signing on behalf of an entity:

Tyler Stamerro

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