

P10000087283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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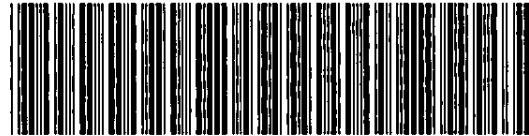
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-ECONOMICAL BEB INCOME TAX INC
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:

BARBARA KEEPLINGER
Name of Contact Person

A-ECONOMICAL BEB INCOME TAX INC
Firm/Company

14950 LAKE CHIRE DR
Address

FORT MYERS FL 33919
City/State and Zip Code

bkeepinger@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Keepinger at (810) 399 0534
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
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

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: A. ECONOMICAL B&B INCOME TAX INC
2. The principal office address: 6063 Timberwood Cir 303 14950 Lake Olive Dr
Fort Myers FL 33908 Fort Myers, FL
33919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/25/2010 Document number: P10000087283
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)

Barbara Koepfinger
6063 Timberwood Cir 303
Fort Myers FL 33908

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

Barbara Koepfinger
14950 Lake Olive Dr
P.O. Box NOT acceptable
Fort Myers, FL 33919

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.

Barbara Koepfinger
Signature of an officer or director

Barbara Koepfinger - 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.

Barbara Koepfinger
Signature of Registered Agent

12-1-13
Date

If signing on behalf of an entity:

Barbara Koepfinger
Typed or Printed Name

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

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