

PI2 000052573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

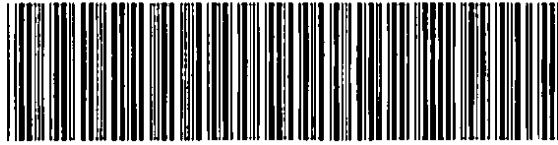
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700339879947

01/30/20--01016--029 \*\*175.00

FILED  
2020 JAN 30 AM 8:58  
SECRET  
FALLEN  
STATE

O SIMMONS  
FEB 22 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Senior Facility Finder Inc  
Name of Corporation

**DOCUMENT NUMBER:** P12000052573

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:

Robert G Tedeschi

Name of Contact Person

Senior Facility Finder, Inc

Firm/Company

PO Box 551726

Address

Jacksonville, FL 32255

City/State and Zip Code

bobtedeschi@comcast.net

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

For further information concerning this matter, please call:

Bob Tedeschi

Name of Contact Person

at (904) 219-3715

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

1. The name of the corporation: Senior Facility Finder, Inc
2. The principal office address: 3948 3rd Street South #190  
Jacksonville, FL 32250
3. The mailing address (if different): PO Box 551726 Jacksonville, FL 32255
4. Date of incorporation/qualification: 6/8/2012 Document number: P12000052573
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)

INCORP SERVICES, INC

17888 37TH COURT NORTH

LOXAHATCHEE, FL 33470

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

Robert G Tedeschi

8676 Ethans Glen Terrace

P.O. Box NOT acceptable

Jacksonville, FL 32256

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.

Robert G Tedeschi  
Signature of an officer or director

Robert G Tedeschi VP

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.

Robert G Tedeschi  
Signature of Registered Agent

1/13/2020

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 (04/13)