

P13000031555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVERNESS CAPITAL MANAGEMENT Inc.
Name of Corporation

DOCUMENT NUMBER: P13000031555

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:

THOMAS C BEDDOWS
Name of Contact Person
INVERNESS CAPITAL MANAGEMENT Inc.
Firm/Company
8905 SE HARBOR ISLAND WAY
Address
Hobe Sound, FL 33455
City/State and Zip Code
TomBeddows@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS BEDDOWS at 772 546 4411
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

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

1. The name of the corporation INVERNESS CAPITAL MANAGEMENT INC
2. The principal office address 8905 SE HARBOR ISLAND WAY
Hobe Sound, FL 33455
3. The mailing address (if different) SAME

4. Date of incorporation/qualification: 4/5/83 Document number: 013000031555

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)

THOMAS C BEEDOWS
10074 SE OSMYREY POINTE DR
Hobe Sound FL 33455

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

THOMAS C BEEDOWS
8905 SE HARBOR ISLAND WAY
Hobe Sound FL 33455
P.O. Box NOT acceptable

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.

Thomas Beedows
Signature of officer or director

THOMAS C BEEDOWS
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.

Thomas Beedows
Signature of Registered Agent

9-9-14
Date

If signing on behalf of an entity:

THOMAS C BEEDOWS
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

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