## P1300000931

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: T F STEFFAN INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER. P13000096937

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 FRANK STEFFAN III

Name of Contact Person

T F STEFFAN INVESTMENTS, INC.

Firm/Company

1658 BIRDIE DRIVE NAPLES, FL 34120

Address

**NAPLES, FL 34120** 

City/State and Zip Code

TOM.STEFFAN@AOL.COM

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

For further information concerning this matter, please call:

THOMAS FRANK STEFFAN III

.239 \.272-1812

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State o	f FLORIDA
1. The name of t	he corporation: T F STEFFAN	I INVESTMENTS, INC	•
2. The principal	office address: 1658 BIRDIE	DRIVE NAPLES, FL 3	4120
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/01/20	14 Document number: P13	000096937
5. The name and	street address of the current registere tment of State: (If resigned, enter resigned)	d agent and registered office on file	with the
	THOMAS FRANK STE	FFAN III	
	2225 MALIBU LAKE CIRCL	E #616 NAPLES, FL 3411	9
6. The name and (if changed):	street address of the new registered a		office 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	1658 BIRDIE DRIVE N	APLES, FL 34120 NOT acceptable	
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of	its registered agent,
Such change was authorized by the	s authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	n officer so
Men	re of an officer or director	THOMAS FRANK STEFFAN Printed or typed name and	
I further agree t performance of agent. Or, if thi	the appointment as registered agent o comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	tatutes relative to the proper and co d accept the obligation of my positi reflect a change in the registered of	omplete on as registered fice address, I
Mury Sign	nature of Registered Agent	03/14/2014  Date	
	half of an entity:		
	FFAN INVESTMEN yped or Printed Name	TS, TNC.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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