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JUL 21 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations



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:

\bigcirc 1	T	
Steven	Torrei	าเก

Name of Contact Person

Firm/Company

1563 Sackett Circle

Orlando, FL 32818

City/State and Zip Code

CHinspectors@gmail.com

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

For further information concerning this matter, please call:

Steven Torrento

18 May The State of the State o

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OF REGISTERED AGENT OR BOTH FOR CORPORATIONS

•		02, 607.1508, or 617.1508, Florida Stat nized under the laws of the State of Flor	
	-	tered agent, or both, in the State of Flor	
1. The name of the corporation: To	orrento Home In	spections, Inc.	
2. The principal office address: 15	63 Sackett Circ	le	
	riando, FL 3281		
3. The mailing address (if different):		
4. Date of incorporation/qualification	on: 03/02/2015	Document number: P150	00002038
	he current registered a	agent and registered office on file with ted)	the
Steven Torre	ento		
11300 Citra (Circle #307		
Windermere,	FL 34786		ii.
6. The name and street address of the (if changed):	he new registered age	ent (if changed) and /or registered office	The JUL 13 AM Q. 19
Steven Torre	ento		
√ 1563 Sackett	t Circle		
	P.O. Box NO	l'acceptable	
Orlando, FL	32818		
The street address of its registered as changed will be identical.	office and the street	address of the business office of its re	gistered agent,
	_	d by its board of directors or by an offi otified in writing of the change.	cer so
Signature of an officer or director		Steven Torrento / Owner Printed or typed name and title	
I hereby accept the appointment a I further agree to comply with the performance of my duties, and I a agent. Or, if this document is bein hereby confirm that the corporation	s registered agent an provisions of all stat m familiar with and a ng filed merely to refi on has been notified i		te registered ddress, I
Steven Torri	ento	07/07/2016	
Signature of Registered Ager	nt	Date	
If signing on behalf of an entity:			
Typed or Printed Name			
	* * * FILING FE	EE: \$35.00 * * *	

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