## P16000038442

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SECULIARY OF STATE

'JUL 1 1 2016

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER

SUBJECT: TORBOLI INVESTMENTS, INC

Name of Corporation

P16000038442

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:

LINDA GRAHAM

Name of Contact Person

**GULFCOAST TAX & ACCOUNTING SERVICES** 

Firm/Company

11031 AVODADO DRIVE

Address

**BONITA SPRINGS, FL 34135** 

City/State and Zip Code

gulfcoastaxservices@gmail.com

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

For further information concerning this matter, please call:

Linda Graham

,239 \691-075.

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	inge is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of <mark>Flor</mark> egistered agent, or both, in the State of Flor	ida
1. The name of	the corporation: Torboli Investi	ments, Inc	
2. The principal	office address: 11031 Avocadorings, FL 34135	o Drive	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 4/28/201	6	38442
	I street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file with t	
	Lawrence Swan		
	709 Cape Coral Parkway	y W	2 <b>2</b>
	Cape Coral, FL 33914		
6. The name and (if changed):	l street address of the new registered	l agent (if changed) and /or registered office	STOREIVELD STATE STOREIVE OF WHITE
	GulfCoast Tax & Financi	al Services	
	11031 Avocado Drive		<u> </u>
	Bonita Springs, FL 3413	NOT acceptable	
The street address changed will	ess of its registered office and the sbe identical.	treet address of the business office of its re	gistered agent,
Such change wa authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an offi in notified in writing of the change.	cer so
		President	
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and title  at and agree to act in this capacity, statutes relative to the proper and comple und accept the obligation of my position as a reflect a change in the registered office act ied in writing of this change.  6/29/2016	te registered ddress, I
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Linda Grah	am		
Т	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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