## P20000 15062

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## COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: LOFFRENO ISLAND REAL ESTATE INC Name of Corporation DOCUMENT NUMBER: P20000015062 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: CHRISTIAN P. LOFFRENO Name of Contact Person LOFFRENO ISLAND REAL ESTATE INC Firm/Company 18000 San Carlos Blvd #3 Address Fort Myers Beach, Florida 33931 City/State and Zip Code christoffreno@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTIAN P. LOFFRENO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, th organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	is 	_
	he corporation: LOFFRENO ISLA			
2. The principal	office address: 18000 San Carlos	Blvd #3, Fort Myers Beach, Florida 33931		_
3. The mailing a	ddress (if different): same			_
		Document number: P20000015062		
	street address of the current regist tment of State: (If resigned, enter r ChnStran Loffre 2100 Estero Blvd	tered agent and registered office on file with the resigned)		
	Fort Myers Beach, Florida 33931	1	<b>2020</b> MAR 26	PAISIGN OF CORE OF ALL
6. The name and (if changed):	Christian P. Loffre. 18000 San Carlos Blvd, #3	ed agent (if changed) and /or registered office  n O	PM 2: 16	新日本語
	Fort Myers Beach, Florida 33931	PO Box NOT acceptable		
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its registere	d agei	nt.
Such change wa authorized by the	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
X /a	with the same	Christian P. Loffreno, President		
· ·	re of an efficer or director	Printed or typed name and title		_
l further agree i of my duties, an document is bei	the appointment as registered ago to comply with the provisions of a	ent and agree to act in this capacity, ill statutes relative to the proper and complete perf he obligation of my position as registered agent. (C e in the registered office address, I hereby confirm hange.	ormar )r, if t that t	ice his he
Sig	nature of Registered Agem	3/23/2020		_
	half of an entity:			
T	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 \* \* \*