

P95000010082

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLIPPER INVESTMENTS INC.
(Name of Corporation)

DOCUMENT NUMBER: P95000010082

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 BUFFETT

(Name of Contact Person)

CLIPPER INVESTMENTS

(Firm/Company)

683 MOURNING DOVE DR.

(Address)

SARASOTA FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

DIANE TARGOSZ

(Name of Contact Person)

at (941) 484-9275

(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**

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

1. The name of the corporation: CLIPPER INVESTMENTS INC.
2. The principal office address: 683 MOURNING DOVE DR. SARASOTA, FL 34236
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 02/07/1995 Document number: P95000010082
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

SCHIFINO, WILLIAM J
ONE TAMPA CITY CENTER SUITE 2600
TAMPA, FL 33602

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

THOMAS BUFFETT
683 MOURNING DOVE DR.
(P.O. Box NOT acceptable)
SARASOTA, FL 34236

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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 Buffett
(Signature of an officer or director)

THOMAS BUFFETT
(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 Buffett
(Signature of Registered Agent)

2/5/07
(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)