

730754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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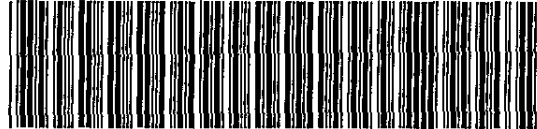
(Business Entity Name)

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DIVISION OF CORPORATIONS
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R.A. Chang
4/6/04
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Visually Impaired Persons of Southwest Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: 730754

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:

Armando Galella
(Name of person)

Visually Impaired Persons of Southwest Florida
(Name of firm/company)

P O Box 3464
(Address)

North Fort Myers, FL 33918-3464
(City/state and zip code)

For further information concerning this matter, please call:

Armando Galella at (239) 997-7797
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 12, 2004

ARMANDO GALELLA
VISUALLY IMPAIRED PERSONS OF SW FL
35 W. MARIANA AVE.
N. FT. MYERS, FL 33903

SUBJECT: VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,
INCORPORATED
Ref. Number: 730754

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 904A00016761

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DIVISION OF CORPORATIONS

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: Visually Impaired Persons of Southwest Florida,
Incorporated
2. The principal office address: 35 West Mariana Avenue, N. Fort Myers, FL 33903
3. The mailing address (if different): P O Box 3464, North Fort Myers, FL 33918
4. Date of incorporation/qualification: 9/23/74 Document number: 730754
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Terry King

24243 Pirate Harbor Boulevard

Punta Gorda, FL 33955-1724

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

Nancy A. McGuire

1040 SE 4th Street

(P.O. Box or personal mailbox NOT acceptable)

Cape Coral, FL 33990

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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.

Nancy A. McGuire
(Signature of an officer or director)

Nancy McGuire, President
(Printed or typed name and title)

Board of Directors

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.

Nancy A. McGuire
(Signature of Registered Agent)

April 1, 2004
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314