A16000000176

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiners Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations				
•				
Naples Property Rentals, LP				
SUBJECT: Name of Limited Partnershi A16000000176	p or Limited Liab	ility Limited Partner	ship	
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registee(s) are submitted for filing.	stered Office a	nd/or Registered	Agent and	
Please return all correspondence concerning	g this matter to);		
Richard Bellefeuille				
Contact Person				
Naples Property Pentol Firm/Company	SLP	_ _		
			~ `	
752 Wiggins Lakes Dr, Apt. 202			2021	
Address				-7,7
Naples, FI 34110			021 HAY -3	
City, State and Zip Code			c * .	ŗ
bellefeuillerichard@gmail.com			P	
E-mail address: (to be used for future annual r	eport notification)	5. GF	-42
For further information concerning this ma	tter, please call	:	1: -	
Richard Bellefeuille	613	747-3400		
Name of Contact Person	_at ()and Daytime Teleph	hone Number	
Name of Comact Person	Aica Couc	and Daytine relept	WHE PRIMOCI	
Enclosed is a \$35.00 check made payable to	o the Florida D	epartment of Sta	.te.	
Mailing Address:	Stree	t Address:		
Davistration Section		etration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

N	ame of Limited Partnership or Li	mited Liability Limited Partnership	
04/30/2012		A1600000176	
Date of filir	ng/registration in Florida	Florida document number	
The name of the epartment of State		d office address as shown on the records of the Flori	da
	Sharon Conte		
	Na 27603 Imperial River Rd	ine	
	Add Bonita Springs, Florida,	dress 34134	
	City, Sta	e and Zip	
. The name and Flo	orida street address of the new reg Jeff Bregar	gistered agent and/or office:	
	Na 744 Wiggins Lakes Dr. A	pt 202	2021
			13.4
	Naples	1 4	- LO
	City, Sta	e and Zip	D !!
. Such change(s) is	are effective when filed by the F	le and Zip Torida Department of State.)
	1hr	<i>i</i>	•
ignature of Genera	Partner		
omply with the prov		nd agree to act in this capacity. I further agree to ne proper and complete performance of my duties, y position as registered agent.	
ignature of Registe	red Agent		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50