

**NU50000500**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

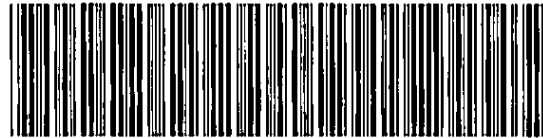
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Positano Place at Naples IV Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000008025

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:

Jack Hedenstrom  
Name of Contact Person

Positano Place at Naples  
Firm/Company

12910 Positano Cir  
Address

Naples, FL 34105  
City/State and Zip Code

jackh@positanoplaceatnaples.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Hedenstrom at (239) 262-8382  
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

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: Positano Place at Naples IV Condominium Association, Inc.
2. The principal office address: 12910 Positano Cir, Naples, FL 34105

3. The mailing address (if different):

4. Date of incorporation/qualification: August 5, 2005 Document number: N05000008025

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Goede & Adamczyk, PLLC
8950 Fontana Del Sol Way
Naples, FL 34109

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Peck & Peck PA
5200 Tamiami Trail N. #101
P.O. Box NOT acceptable
Naples, FL 34103

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.

[Handwritten signature]

Signature of an officer or director

Mike Cox

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.

[Handwritten signature: Meredith A. Peck]

Signature of Registered Agent

7/14/17

Date

on behalf of Peck & Peck, P.A.
If signing on behalf of an entity:

Meredith A. Peck

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