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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067 Phone : (239)434-4922

Fax Number : (239)213-5452

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ★★ □ ↔

Email Address:_

REGISTERED AGENT CHANGE B. J. OF NAPLES, INC.

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A. BUTLER

SEP - 8 2022

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COVER LETTER

TO:	Amendment Section Division of Corporations		
Subi	ECT: B. J. of Naples, Inc.		
Name	of Corporation		
DOC	UMENT NUMBER: P96000086233		
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
Rober	t Buchholz		
Name	of Contact Person		
Firm/	Company		
811 T	urkey Oak Land		
Addre	SSS		
Naple	s, FL 34108		
City/5	tate and Zip Code		
	lorijane.graham@quarles.com		
E-ma	il address: (to be used for future annual report notification)		
For fu	rther information concerning this matter, please call:		
	Name of Contact Person - at (
	Name of Contact Person Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Street Address:		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

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

statement of chi	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	Florida	
	the corporation: B. J. Of Naples, Inc		77,724	
			•	
Naples, FL 3416	office address: 811 Turkey Oak Lan	<u> </u>		
3. The mailing a	address (if different):		**	
4. Date of incor	poration/qualification: 10/18/1996	Document number: P9600008	16233	
	d street address of the current registr rtment of State: (If resigned, enter n	cred agent and registered office on file wi esigned)	th the	
	David N. Morrison		_	
	975 Sixth Avenue South			
	Naples, FL 34102		·	~ `
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered off)022 SEP
	Robert R. Buchholz		. 野型 -	-7
	811 Turkey Oak Lane			P F
	Naples, FL 34108	O. Box NOT acceptable	STATE	
The street addresses changed will	ess of its registered office and the s	street address of the business office of its	registered a	agent,
Such change was suthorized by the	as authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an e en notified in writing of the change.	officer so	
Signatu	re of an officer or director	Printed or typed name and bit	le	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this chi	nt and agree to act in this capacity. I statutes relative to the proper and come e obligation of my position as registered in the registered office address, I hereby ange.	plete perfort agent. Or y confirm thi	nance if this at the
David,	V. Morrison	September 7, 2022		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
David N. Morris	on			
Ty	ped or Printed Name			
	* * * FILING	G FEE: \$35.00 * * *		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314