	ncipal Place of Business: ORE BOULEVARD NORTH 34103		074269	4396CC
Current Mai	iling Address:			
4200 GULF NAPLES, F	SHORE BOULEVARD NORTH L 34103			
FEI Number	r: 65-1202884		Certificate of Status Des	sired: No
Name and A	Address of Current Registered Agen	t:		
GREGORY, C. 4001 TAMIAMI SUITE 250 NAPLES, FL 3	TRAIL NORTH			
The above name	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATUR				
	E: C. NEIL GREGORY			02/22/2019
	Electronic Signature of Registered Agent			02/22/2019 Date
Officer/Dire				
Officer/Dire	Electronic Signature of Registered Agent	Title	VP	
	Electronic Signature of Registered Agent	Title Name	VP HOYT, MICHAEL T	
Title	Electronic Signature of Registered Agent ctor Detail : P			
Title Name	Electronic Signature of Registered Agent ctor Detail : P GUTMAN, HOWARD B 4200 GULF SHORE BLVD N	Name Address	HOYT, MICHAEL T	
Title Name Address	Electronic Signature of Registered Agent ctor Detail : P GUTMAN, HOWARD B 4200 GULF SHORE BLVD N	Name Address	HOYT, MICHAEL T 4200 GULF SHORE BLVD N	
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES FL 34103	Name Address	HOYT, MICHAEL T 4200 GULF SHORE BLVD N	
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES FL 34103 TREASURER	Name Address	HOYT, MICHAEL T 4200 GULF SHORE BLVD N	
Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : P GUTMAN, HOWARD B 4200 GULF SHORE BLVD N NAPLES FL 34103 TREASURER CROWLEY, DAVID 4200 GULF SHORE BLVD N	Name Address	HOYT, MICHAEL T 4200 GULF SHORE BLVD N	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD GUTMAN

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063317

Entity Name: ARIA OF NAPLES, INC.

PRESIDENT

02/22/2019

FILED Feb 22, 2019

Secretary of State

Date