

704019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

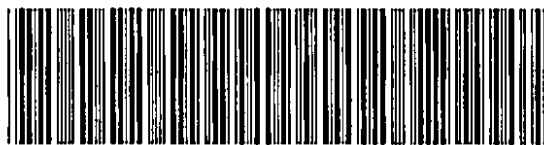
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Naples Association No. 4357 Inc.  
Name of Corporation

DOCUMENT NUMBER: 704019

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:

William J Varian

Name of Contact Person

Naples Association No. 4357, Inc

Firm/Company

3520 17th Ave SW

Address

Naples, FL 34117

City/State and Zip Code

wjvarian@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J Varian

Name of Contact Person

at ( 239 ) 289-8013

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: Naples Association No. 4357, Inc
2. The principal office address: 3020 62nd Street SW Naples, FL 34116
3. The mailing address (if different): 3520 17th Ave SW Naples, FL 34117
4. Date of incorporation/qualification: 5/9/1962 Document number: 704019
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)

Ralph Balzarano 781 14th St SE Naples FL 34117

Resigned

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

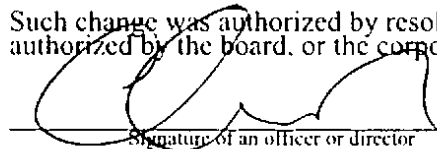
William J Varian 3520 17th Ave SW Naples FL 34117

P.O. Box NOT acceptable

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**TALLAHASSEE, FLORIDA**

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.

  
Signature of an officer or director

Christian Davis, President

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.*

  
Signature of Registered Agent

July 10, 2017

Date

If signing on behalf of an entity:

William J Varian, Secretary

Typed or Printed Name

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