

729466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

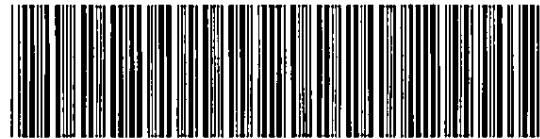
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAPLES COMMERCIAL PLAZA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 729466

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:

JACQUELYN LAUREN

Name of Contact Person

GULF VIEW PROPERTY MGMT., INC

Firm/Company

2335 9TH STREET N #505

Address

NAPLES FL 34103

City/State and Zip Code

JACQUE@GULFVIEWPROPERTYMGMT.COM

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

For further information concerning this matter, please call:

JACQUELYN LAUREN

Name of Contact Person

at ( 239 ) 403-7991

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

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

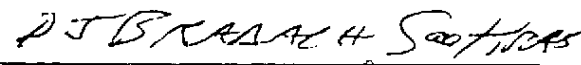
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NAPLES COMMERCIAL PLAZA, INC.
2. The principal office address: 1040 6TH AVENUE NORTH  
NAPLES FL 34102
3. The mailing address (if different): 2335 9TH STREET NORTH #505  
NAPLES FL 34103
4. Date of incorporation/qualification: 04/25/1974 Document number: 729466
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)  
EDWARD BLACKBURN  
3003 TAMiami TRAIL NORTH #300  
NAPLES FL 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
GULF VIEW PROPERTY MGMT, INC.  
2335 9TH STREET N #505  
P.O. Box NOT acceptable  
NAPLES FL 34103

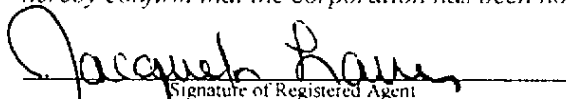
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

  
\_\_\_\_\_  
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

OCTOBER, 2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

JACQUELYN LAUREN  
\_\_\_\_\_  
Typed or Printed Name

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

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