A9700001505 Maries Chamber January The Requester's Name



4001 Tamiami Trail North · Suite # 265 Naples, Florida 34103 · USA

200003435632-7 10/23/00-01111-018 *****35.00 *****35.00

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A9700001505 (Corporation Name)	(Document #)
)	
(Corporation Name)	(Document #) (Document #) (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Naples Commercial Investment, Ltd.		
Name of the limited partnership		
2. 7-9-97 3. A 97 00000 1505		
Date of filing/registration in Florida Document number assigned		
4. The name of the registered agent and the registered office address as shown on the records of the	Florida	à
Department of State: Euro-American Consulting, Inc.		
4001 Tamiami Trail North, #265		
Naples, FL 34103 City, State and Zip	÷ - ÷2	
City, State and Dip	8	₹,
5. The name and address of the new registered agent and/or office:	000	25. 25. 25. 25. 25. 25.
U.S. Investor Services, Inc.	0CT 23	
Horida street address (P.O. Box not acceptable)	3	RP SI
Naples FL 34103-3010 City, State and Zip	. 2	ATE
6. Such change(s) was/were authorized by the general partners.		
n Ras		

Signature of General Partner

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 obligations 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 limited partnership has been notified in writing of this change.

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98)