

# F1500000/268

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN - 6 PM 1:48

JAN 11 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2015

MIA SMITH / FTE NETWORKS INC  
999 VANDERBILT RD SUITE 601  
NAPLES, FL 34108 US

SUBJECT: FTE NETWORKS, INC.  
Ref. Number: F15000001268

We have received your document for FTE NETWORKS, INC. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 115A00026712



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2015

MIA SMITH / FTE NETWORKS, INC.  
999 VANDERBILT ROAD SUITE 601  
NAPLES, FL 34108 US

SUBJECT: FTE NETWORKS, INC.  
Ref. Number: F15000001268

We have received your document for FTE NETWORKS, INC. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00023841

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FTE Networks, Inc.  
Name of Corporation

DOCUMENT NUMBER: F15000001268

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:

Mia Smith  
Name of Contact Person

FTE Networks, Inc.  
Firm/Company

999 Vanderbilt Rd #601  
Address

Naples FL 34108  
City/State and Zip Code

Smith@fthenet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia Smith at (267) 262-0687  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FTE NETWORKS, INC.
2. The principal office address: 999 Vanderbilt Rd. Suite 601  
Naples, FL 34108
3. The mailing address (if different): 999 Vanderbilt Rd. Suite 601  
Naples, FL 34108
4. Date of incorporation/qualification: 3-24-15 Document number: F15000001268
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)

Michael Palkeschi  
5495 Bryson Dr. Suite 423  
Naples, FL 34109

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

Michael Palkeschi  
999 Vanderbilt Rd. Suite 601  
Naples, FL 34108

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Michael Palkeschi, CEO  
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]  
Signature of Registered Agent

12-16-15  
Date

If signing on behalf of an entity:

Michael Palkeschi  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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