

1769 835

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : COX & NICI
Account Number : I20000000223
Phone : (239)254-0706
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REGISTERED AGENT CHANGE

A.B. GIBBS CO., INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$96.25

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12/18/2006

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.B. Gibbs Co., Inc.

(Name of Corporation)

DOCUMENT NUMBER: H69835

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:

James R. Nici, Esq.

(Name of Contact Person)

Cox & Nici

(Firm/Company)

1185 Immokalee Road, Suite 110

(Address)

Naples, Florida 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Servant

(Name of Contact Person)

at (239) 254-0706

(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

12/18/2006 13:59

239-2540709

COX & NICI

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850-205-0381

12/13/2006 11:25 -- PAGE 001/001 -- Florida Dept of State



December 13, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.B. GIBBS CO., INC.
1710 SANTA BARBARA BLVD #C
NAPLES, FL 34116

SUBJECT: A.B. GIBBS CO., INC.
REF: H69835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

FAX Aud. #: H06000290092
Letter Number: 206A00070956

P.O. BOX 6327 - Tallahassee, Florida 32314

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: A.B. Gibbs Co., Inc.
2. The principal office address: 1710 SANTA BARBARA BLVD #C
NAPLES FL 34116
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/06/1985 Document number: H69835
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Albert R. Schlinder

3275 3RD AVE S W

NAPLES FL 34117

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

Jolyn Marti

1710 SANTA BARBARA BLVD #C

(P.O. Box NOT acceptable)

NAPLES FL 34116

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.

Jolyn Marti
(Signature of an officer or director)

Jolyn Marti

(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.

Jolyn Marti
(Signature of Registered Agent)

December 7, 2006
(Date)

If signing on behalf of an entity:

Jolyn Marti
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
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