## Ja3500

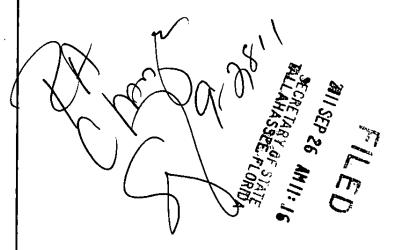
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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09/26/11--01024--022 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Trapper Enterprises, Inc.  Name of Corporation					
Time of C	oo position				
DOCUMENT NUMBER:	J23500				
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
William	M. Burke				
Name of Contact Person					
Coleman, Yovanovich Koester					
Firm/Company					
4001 Tamiami Tra	ail North Suite 300				
4001 Tamiami Trail North, Suite 300 Address					
Naniae El 23103					
Naples, FL 23103 City/State and Zip Code					
wburke@cyklawfirm.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
William M. Burke	230 425 2525				
Name of Contact Person	at ( 239 ) 435-3535 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of <u>f</u>	lorida
-		r registered agent, or both, in the State of F	iorida.
	the corporation: Trapper Ent		
2. The principa	office address: 706 E. Elkcam	Circle	
Marco Isla	and, FL 34145		
3. The mailing	address (if different): PO Box 10	638	
Marco Is	sland, FL 34146		.= .
4. Date of incom	poration/qualification:	Document number:	J23500
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the
	Mark P. Travis (deceased	9-2-2011)	<u>.</u>
	418 Persian Court		_ <b>4</b> W
	Marco Island, FL 34145		SECUL SECUL
6. The name an (if changed):		red agent (if changed) and /or registered off	III SEP 26 CRETARY BLAHASSEE
	Debra J. Travis		
	418 Persian Court		ORAN FI
		D. Box NOT acceptable	A A
	Marco Island, FL 34145		-
The street addr as changed wil	ess of its registered office and the l be identical.	e street address of the business office of it	s registered agent,
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
_	re of an Officer or director	Debra J. Travis, Pro	
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this i	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registere ge in the registered office address, I hereb change.	plete performance I agent. Or, if this sy confirm that the
Wella	graphic of Registered Agent	September 22, 20	011
If signing on be	chalf of an entity:		
<u>-</u>	yped or Printed Name	_	

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