

J35506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

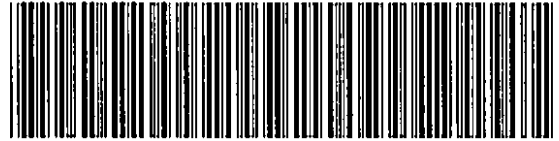
(Business Entity Name)

(Document Number)

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2018 AUG 21 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FL

*Acery*

R. WHITE  
AUG 22 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ORANGE TREE UTILITY CO, INC  
Name of Corporation

DOCUMENT NUMBER: 038806

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:

KIMBERLY P. THORNTON  
Name of Contact Person

ORANGE TREE UTILITY CO, INC  
Firm/Company

PO BOX 855  
Address

BONITA SPRINGS FL 34133  
City/State and Zip Code

KP.THORNTON@ORANGETREEASSOCIATES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY P. THORNTON at ( 239 ) 596-4088  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ORANGE TREE UTILITY CO
2. The principal office address: PO BOX 855 DONITA SPRINGS FLORIDA 34133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/17/1986 Document number: 138806
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)

STEPHEN G. LOWITZ

4500 EXECUTIVE DRIVE # 110

NAPLES FL 34119

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

HF REGISTERED AGENTS LLC

1715 MONROE STREET

P.O. Box NOT acceptable

FT. MYERS FL 33901

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TALLAHASSEE, FL

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.

Roberto Bolt

Signature of an officer or director

ROBERTO BOLT, PRESIDENT

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

8/10/18

Date

If signing on behalf of an entity:

Erin E. Houck-Toll, Vice-President

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