K23076

| . (1 | Requestor's Name) | | |
|----------------------|-------------------------|--|--|
| (, | Address) | | |
| (, | Address) | | |
| (1 | 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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COVER LETTER

Amendment Section TO: **Division of Corporations**

North American Properties - Southeast, Inc.

Name of Corporation

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:

Dale G. Hafele

Name of Contact Person

North American Properties - Southeast, Inc.

Firm/Company

1412 Jackson Street, Suite 1

Address

Fort Myers, FL 33901

City/State and Zip Code

maggie.dillman@naproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale G. Hafele

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

| | • | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida | |
|--|--|---|--------|
| = | | registered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: North America | n Properties - Southeast, Inc. | _ |
| 2. The principal | l office address: 1412 Jackson | Street, Suite 1 | |
| | Fort Myers, FL | | _ |
| 3. The mailing a | address (if different): (same) 14 | | _ |
| | | rt Myers, FL 33901 | - |
| 4. Date of incor | rporation/qualification: 05/10/198 | B8 Document number: K23076 | - |
| 5. The name and | | ered agent and registered office on file with the | |
| | Dale G. Hafele | | |
| | 7500 College Pkwy | ZOIS OCT 30 SECRETARS TALLAHASS | ļ |
| | Fort Myers, FL 33907 | CT C | - - |
| 6. The name and (if changed): | | d agent (if changed) and /or registered office | コン |
| | Dale G. Hafele (no chang | e - same) | |
| | 1412 Jackson Street, Sui | | |
| | Fort Myers, FL 33901 | x NOT acceptable | |
| = | ess of its registered office and the state of the state o | treet address of the business office of its registered agent, | |
| Such change was authorized by the | as authorized by resolution duly add he board, or the corporation has bee | opted by its board of directors or by an officer so in notified in writing of the change. | |
| | | Shawn R. McIntyre, Vice Pres | |
| I hereby accept I further agree i performance of agent. Or, if th | 'my duties, and I am familiar with a | nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I | |
| (/all) | H/fafde | October 26, 2015 | |
| • | mature of Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| Dale G. Ha | | | |
| 1) | yped or Printed Name | | |

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