

# L07846

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

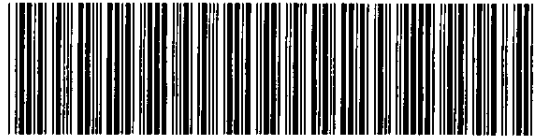
\_\_\_\_\_  
(Business Entity Name)

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

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

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*Change*

12/15/08--01035--009 \*\*35.00

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2008 DEC 15 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*for  
12/19/08*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paradise Properties of Naples, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** L07846

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:

Pat Green  
(Name of Contact Person)

Paradise Properties of Naples, Inc.  
(Firm/Company)

4840 Davis Boulevard  
(Address)

Naples, FL 34104  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pat Green at ( 239 ) 775-5444  
(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: Paradise Properties of Naples, Inc.
2. The principal office address: 4840 Davis Boulevard  
Naples, FL 34104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/9/1989 Document number: L07846

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)

Walter Kryklywec (Deceased)

5250 Fox Hollow Drive, Unit 534

Naples, FL 34110

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

GEORGI MITEV

4840 Davis Boulevard

(P.O. Box NOT acceptable)

Naples, FL 34104

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.

X Georgi Mitev  
(Signature of an officer or director)

GEORGI MITEV (PTD)

(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.

X Pat Shue  
(Signature of Registered Agent)

12/8/2008

(Date)

If signing on behalf of an entity:

N/A

(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 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA