

LII 000053647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

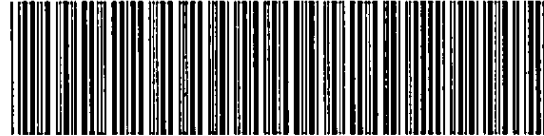
(Business Entity Name)

(Document Number)

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SEP 06 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCB NAPLES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER DOWD

Name of Person

NCB NAPLES, LLC

Firm/Company

4482 3RD AVE NW

Address

NAPLES, FL 34119

City/State and Zip Code

NCBNAPLES@GMAIL.COM

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

For further information concerning this matter, please call:

PETER DOWD

239-994-2458

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

NCB NAPLES, LLC

1. Name of the limited liability company: NCB NAPLES, LLC
2. (a) 4482 3RD AVE NW (b) 4482 3RD AVE NW

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

NAPLES, FL 34119

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

NAPLES, FL 34119

05/06/2011

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3. Date of filing/registration in Florida

4. Document number

PETER C DOWD

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4482 3RD AVE NW

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34119

(b) CLINTON KOPPIE
Enter name of NEW Registered Agent and/or NEW Registered Office address:

CLINTON KOPPIE

NEW Registered Office Address:

4482 3RD Ave NW

Naples, FL 34119

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

PETER DOWD

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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2019 AUG 26 AM 9:49
TALLAHASSEE, FL
CLERK OF THE DIVISION OF CORPORATIONS