

8/12/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)263-7922

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CORPORATIONS@WBCLAWYERS.COM

2020 AUG 12 A 8:18

LLC REGISTERED AGENT CHANGE
CASA NAPOLI, LLC

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AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA NAPOLI, 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:

C. Lane Wood, Esq.

Name of Person

Wood, Buckel and Carmichael, PLLC

Firm/Company

2150 Goodlette Road North, Sixth Floor

Address

Naples, FL 34120

City/State and Zip Code

corporations@wbclawyers.com

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

For further information concerning this matter, please call:

C. Lane Wood

at (239)

552-4100

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

1. Name of the limited liability company: CASA NAPOLI, LLC

2. (a) 314 TURTLE HATCH ROAD, NAPLES, FL 34103

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 314 TURTLE HATCH ROAD, NAPLES, FL 34103

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

05/28/2014

L14000085890

3. Date of filing/registration in Florida

4. Document number

5. (a) SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9132 STRADA PLACE, FOURTH FLOOR

NAPLES, FL 34108

(b) WOOD, BUCKEL AND CARMICHAEL, PLLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2150 GOODLETTE ROAD NORTH, SIXTH FLOOR

NAPLES, FL 34102

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

C. LANE WOOD, AUTHORIZED REPRESENTATIVE

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

2020 JUN 12 A 8:18