



**Russell P. Bencaz
& Associates, Inc.**

649 Fifth Avenue South
Suite 207

City/State: Naples, Florida 34102 Phone #

L85036

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100002265461--9
-08/13/97--01034--017
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 SEP -2 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~*989,663,671*~~
9-3-97

Examiner's Initials

LFJ



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1997

RUSSELL P. BENCAZ & ASSOCIATES, INC.
649 Fifth Avenue South, Suite 207
Naples, FL 34102

SUBJECT: RUSSELL P. BENCAZ & ASSOCIATES, INC.
Ref. Number: L85036

We have received your document for RUSSELL P. BENCAZ & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 097A00042604

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: RUSSELL P. BENCAZ & ASSOCIATES, INC.

2. The mailing address of the corporation is: 649 5TH AVE SOUTH SUITE 207
NAPLES, FLORIDA 34102

3. Date of incorporation/qualification: JULY 3, 1990 Document number: L85036

4. The name and address of the current registered agent and office:

RUSSELL P. BENCAZ
5020 Tamiami Trail North, Suite 200
NAPLES FL. 34102

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

RUSSELL P. BENCAZ
649 5TH AVE SOUTH #207
NAPLES, FL. 34102

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

27-AUG-97
(Date)

RUSSELL BENCAZ PRESIDENT
(Printed or typed name and title)

27-AUG-97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

27-AUG-97
(Date)

If signing on behalf of an entity:

RUSSELL BENCAZ
(Typed or Printed Name)

PRESIDENT.
(Capacity)