M 87200

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400292138954

12/05/16--01001--028 **105.00

DIVISION OF CORPORATES

DEC 7 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: SW Florida Chili, Inc				
Name of Corporation	on			
DOCUMENT NUMBER: M87200				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the f	following:			
Gates Rodenfels				
Name of Contact Per	son			
SW Florida Chili, Inc.				
Firm/Company				
531 14th Ave NW				
Naples, FL 34120				
City/State and Zip Code				
gates@naplesskylinechili.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Gates Rodenfels2	39 .537-3631			
Name of Contact Person at (A	239 537-3631 rea Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statute 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	а	_
1. The name of the corporation: SW Florida Chilli, Inc.		
2. The principal office address: 531 14th Ave NW, Naples, FL 34120		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 6/21/88 Document number: M87200		
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)	;	
Floyd Yarnell (Resigned)		
3431 Pine Ridge Road Suite 101		SIAHC
Naples, FL 34119	DEC	Qià. Qià.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Gates Rodenfels		18 30 180 J
	AM 10: 32	
P.O. Box NOT acceptable		
Naples, FL 34120		
The street address of its registered office and the street address of the business office of its registered as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an office		ent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	2 00	
Signature of an officer or diffector 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 reagent. Or, if this document is being filed merely to reflect a change in the registered office adahereby confirm that the corporation has been notified in writing of this change.	egistered fress, I	
11/16/16		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
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