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| (City/State/Zip/F | Phone #) | | |
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| PICK-UP WAI | T MAIL | | |
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| Special Instructions to Filing Officer | | | |
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Office Use Only



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COVER LETTER

| Division of | Corporations | | | |
|---|------------------------------------|--------------------------|--------------------------------------|--|
| SUBJECT: NORTHBROOKE SUITES ASSOCIATION, INC. | | | | |
| Name of Corporation | | | | |
| DOCUMENT NUM | ивек: N | 01000001768 | · | |
| 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: | | | | |
| | | | | |
| Mindi Bartley | | | | |
| Mindi Bartley Name of Contact Person | | | | |
| | | | | |
| Pinnacle Processing | | | | |
| Firm/Company | | | | |
| | | | | |
| - | | cutive Drive #103 | | |
| Address | | | | |
| | | | | |
| Naples, FL 34119 City/State and Zip Code | | | | |
| City/State and Zip Code | | | | |
| mbartley@pinnaclefl.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| | Mindi Bartley | 230 | EOC 4404 | |
| Nam | Mindi Bartley e of Contact Person | at (239) Area Code & I | 290-1181 Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| | Mailing Address: Amendment Section | Street Add Amendme | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section

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

| | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.150 nge is submitted for a corporation organized under the laws of th | |
|------------------------------------|--|--|
| | tge is submitted for a corporation organized under the taws of the condition of of th | |
| 1 m C.1 | NORTHBROOKE SHITES ASSO | CIATION INC |
| | ne corporation: NORTHBROOKE SUITES ASSO office address: 2538 NORTHBROOKE PLAZA DRIVE | |
| 2. The principal of | office address: 2336 NORTHBROOKE PLAZA DRIVE | IAN LEGI L 34119 |
| 3. The mailing ac | ddress (if different): 4522 EXECUTIVE DRIVE #103 N | APLES, FL 34119 |
| 4. Date of incorp | oration/qualification: 03/09/2001 Document number | r: N01000001768 |
| | street address of the current registered agent and registered officement of State: (If resigned, enter resigned) | ce on file with the |
| | RESIGNED Chris Olson | |
| | 2536 Narthbrooke Pleza Dr | |
| | Naples & 34119 | egistered office |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or re | egistered office |
| | Marinda Bartley | |
| | 4522 EXECUTIVE DRIVE #103 NAPLES, FL 341 | 119 |
| | | |
| The street addre | ess of its registered office and the street address of the busines be identical. | s office of its registered agent, |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of direct se board of the corporation has been notified in writing of the | ors or by an officer so change. |
| Ngnatur Signatur | | ANEK/PRESIDENT |
| I havabu aggant | the appointment as registered agent and agree to act in this of to comply with the provisions of all statutes relative to the pro d I am familiar with and accept the obligation of my position ng filed merely to reflect a change in the registered office add been notified in writing of this change. | per and complete performance as registered agent. Or, if this lress, I hereby confirm that the |
| Sig | hattyfe of Registered Agent | 1/3/09 Date |
| | half of an entity: | |
| | Marinda Bartley yped or Printed Name | |
| | ** | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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