

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (239) 649-3186
Fax Number : (239) 263-0703

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

BRIDGE CLUB OF SOUTHWEST FLORIDA, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRIDGE CLUB OF SOUTHWEST FLORIDA, INC. ☒
(Name of Corporation)

DOCUMENT NUMBER: N02000001011

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:

Bonnie Rushing, Corporate Paralegal
(Name of Contact Person)

Cummings & Lockwood LLC
(Firm/Company)

3001 TAMiami TRAIL NORTH, SUITE 400
(Address)

NAPLES, FLORIDA 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Rushing at (239) 649.3186
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this 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.

1. The name of the corporation: BRIDGE CLUB OF SOUTHWEST FLORIDA, INC.
2. The principal office address: 8793 TAMiami TRAIL EAST, #118, NAPLES, FL 34133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/11/2002 Document number: N02000001011
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)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CLASP, INC.

3001 TAMiami TRAIL NORTH, SUITE 400

(P.O. Box NOT acceptable)

NAPLES, FLORIDA 34103

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, or the corporation has been notified in writing of the change.

Theodore R. Walters

(Signature of an officer or director)

Theodore R. Walters, Auth Rep.

(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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Theodore R. Walters

(Signature of Registered Agent)

March 24, 2009

(Date)

If signing on behalf of an entity:

Theodore R. Walters (VP)

(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

CR2E045 (8/05)

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