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TO: Amendment Section Division of Corporations

SUBJECT: LEADERSHIP COLLIER FOUNDATION, INC.
Name of Corporation
DOCUMENT NUMBER: N03000010465
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:
MICHAEL DALBY
Name of Contact Person
LEADERSHIP COLLIER FOUNDATION, INC.
Firm/Company
2150 GOODLETTE ROAD N., 1ST FLOOR
Address
NAPLES, FL 34102
City/State and Zip Code
MICHAEL@NAPLESCHAMBER.ORG
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL DALBY 24 (239 ) 262-6376
MICHAEL DALBY at (239 ) 262-6376  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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Statute organized under the laws of the State of FLOR registered agent, or both, in the State of Floride	IDA	
	the corporation: LEADERSHIP CO office address: 2150 GOODLETTE	EROAD N., NAPLES, FL 34102		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/02/2003	Document number: N03000010465		,
	d street address of the current regis rtment of State: (If resigned, enter)	tered agent and registered office on file with the resigned)		
	MICHAEL DALBY			
	2390 TAMIAMI TRAIL NORTH,	SUITE 210		
	NAPLES, FL 34103	्र इंट	2022	
6. The name and (if changed):		ed agent (if changed) and /or registered office	2022 SEP -   PM  : 05	-
	MICHAEL DALBY	びた (で) (で)	<del>2</del>	
	2150 GOODLETTE ROAD N., 1S	T FLOOR	<del></del> 0	(
		P.O. Box NOT acceptable	CTI	
	NAPLES, FL 34102			
The street address changed will	ess of its registered office and the	street address of the business office of its regi-	stered ag	ent,
_		dopted by its board of directors or by an office een notified in writing of the change.		
Ma	I All	MICHAEL DALBY		
_	ire of an officer or director	Printed or typed name and title		_
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. ull statutes relative to the proper and complete he obligation of my position as registered agen e in the registered office address, I hereby con hange.	performe it. Or if firm that	ance this t the
Mi	I Alla	07/14/2022		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
MICHAEL DAL	LBY			
T	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 \* \* \*