N03000011114

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SECRETARY OF STATE

C. LEVIS

MAY 21 2014

EXAMPLER

COVER LETTER

TO: Amendment Section Division of Corporations					
Reflection Lakes at Naples I Condominium Association, Inc.					
Name of Corporation					
DOCUMENT NUMBER: N03000011114					
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:					
Megan E. Richards, Esq.					
Goede, Adamczyk & DeBoest PLLC Firm/Company					
8950 Fontana Del Sol Way, Ste 100					
Address					
Naples, FL 34109					
City/State and Zip Code					
mrichards @ and-low.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Stephanie Rodriguez Name of Contact Person at (239) 331-5100 Area Code & Daytime Telephone Number					
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 Street Address: Amendment Section Division of Corporations					
P.O. Box 6327 Clifton Building					

Tallahassee, FL 32314

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 t	he corporation: Reflection Lakes at Naples I Condominium Asso	ociation	ı, Inc) .
	office address: 14020 Mirror Drive, Naples, FL 34114			
3. The mailing ac	ddress (if different): c/o Castle Group, P.O. Box 559009, Ft. Laudero	dale, FL	333	55
4. Date of incorp	poration/qualification: 12/18/2003 Document number: N0300001	1114		
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	9		
	Heather S. Case			
	18403 Royal Hammock Blvd	Ās	<u>_</u>	
	Naples, FL 34114	ECAE TEAE	14 MAY -9	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	ASSEE.	-9 PH	
	Goede, Adamczyk & DeBoest PLLC	# # # # # # # # # # # # # # # # # # #	Ŧ.	
	8950 Fontana Del Sol Way, Ste 100	<u> </u>	07	
	P O. Box NOT acceptable Naples, FL 34109			
The street addre	ss of its registered office and the street address of the business office of its regi be identical.	stered ag	ent,	
	s authorized by resolution duly adopted by its board of directors or by an office e board, or the corporation has been notified in writing of the change.			
1Ben	e of an officer or director Printed or typed name and title	S	_	
I further agree t	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re s document is being filed merely to reflect a change in the registered office ada that the corporation has been notified in writing of this change.	oaistored		
Sigr	5/6/2014 Date		_	
If signing on bel				
Megan	Richards roed or Printed Name			

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