

1705000012477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

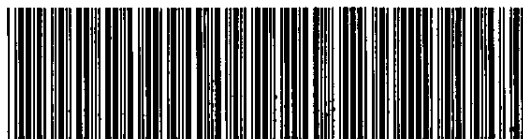
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Positano Place at Naples Master Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000012477

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:

Jack Hedenstrom

Name of Contact Person

Positano Place at Naples

Firm/Company

12910 Positano Circle

Address

Naples, FL 34105

City/State and Zip Code

jhedenstrom@kwpmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Hedenstrom

Name of Contact Person

at ( 239 ) 262-8382

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 ~~500~~ ~~6108~~ 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: Positano Place at Naples Master Association, Inc.  
2. The principal office address: 12910 Positano Circle, Naples, FL 34105

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/13/2005 Document number: N05000012477

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)

Woodward, Pires & Lombardo, P.A.

Attn: Robert E. Murrell

3200 Tamiami Tr. N., Ste. 200, Naples, FL 34103

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

The Murrell Law Firm, P.A.

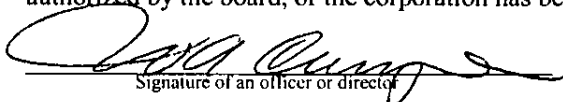
1044 Castello Drive, Ste. 106

P.O. Box NOT acceptable

Naples, FL 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.

  
Signature of an officer or director

Billy Ciampo, Vice-Pres.

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.*

  
Signature of Registered Agent

5/30/16

Date

If signing on behalf of an entity:

Robert E Murrell  
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 (03/12)