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	Division of Corporations		
	Fax Number : (850)617-6380		
From:			
	Account Name : C T CORPORATION SYSTEM	- 놀 음	-
	Account Number : FCA000000023	<u></u> : "١	
	Phone : (614)280-3338	≥:::	9
	Fax Number : (954)208-0845	> :	-
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**Enter	the email address for this business entity to be used for futur	e !	
anı	nual report mailings. Enter only one email address please.**	<u> </u>	3
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REGISTERED AGENT CHANGE NAPLES HARBOUR CONDOMINIUM ASSOCIATION, INC.

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

statement of cha	the provisions of sections 607,0502, 617,0502, 607,1508, σ 617,7508, Florida St change is submitted for a corporation organized under the laws of the State of $\overline{\mathbb{P}}$	1.	-	
	rder to change its registered office or registered agent, or both, in the State of Fl	orida		
1. The name of	of the corporation: NAPLES HARBOUR CONDOMINIUM ASSOCIATION, INC.	····		
	pal office address:			
3. The mailing a	ng address (if different):			
4. Date of incor	corporation/qualification: 03/17/2006 Document number: N0600000	3064		
	and street address of the current registered agent and registered office on file with epartment of State: (If resigned, enter resigned)	h the		
	R & A AGENTS INC			
	2320 FIRST STREET SUITE 1000	F-12	9 9 ~	
	FORT MYERS, FL 33901	F .	9 -	_
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered offi	CAHASSEL, FLURID	15 PM B:	ロフ
	C T Corporation System		 	
	c/o C T Corporation System, 1200 South Pine Island Road	<u> </u>	9	
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The succe addras changed will	idress of its registered office and the street address of the business office of its will be identical.	registered age	ent,	
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by an orby the board, or the corporation has been notified in writing of the change. Jon	micer so Finstron	١,	
	nautres an oliver or director	<u>D</u>	<u>i</u> recto:	r
I hereby accept I further agree perjokmence of agent. Or, if the hereby confirm	ept the appointment as registered agent and agree to act in this capacity, etc to comply with the provisions of all statutes relative to the proper and comply of the proper and comply duties, and I am familiar with and accept the obligation of my position of this document is being filed merely to reflect a change in the registered office and the corporation has been notified in writing of this change.	olete as registered uadress, I		
Ву:	Dorporation System 10/15/19 Date			
If signing on be	behalf of an entired Menting and the state of the state o			
1	Typ ASSISTANT SECRETARY			

* * * 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)