

NO9000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAWS LEE COUNTY INC  
Name of Corporation

**DOCUMENT NUMBER:** N09000000981

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:

Theresa Desilets-Ink

Name of Contact Person

PAWS LEE COUNTY INC.

Firm/Company

7129 S Brentwood Rd

Address

Ft Myers Fl 33919

City/State and Zip Code

t.ink @att.net

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

For further information concerning this matter, please call:

Theresa Desilets-Ink

Name of Contact Person

at (239) 994-2514

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

**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: PAWS LEE COUNTY INC  
2. The principal office address: 7129 S BRENTWOD RD FT MYERS FL 33919

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

4. Date of incorporation/qualification: 1/29/2009 Document number: N09000000981

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)

DR CARLOS DEULOFEU

965 PONDELLA RD

N FT MYERS FL 33903

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

THERESA DEESILETS-INK

7129 S BRENTWOOD RD

P.O. Box NOT acceptable

FT MYERS FL 33919

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

Theresa Desilets-Ink Director

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

September 29, 2024

Date

If signing on behalf of an entity:

Theresa Desilets-Ink

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 (04/13)

TALLAHASSEE, FLORIDA

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