

NO9000011368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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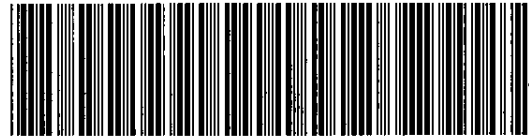
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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DEC 13 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OPERA NAPLES CHARITABLE ENDOWMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N09000011368

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:

SUSAN LAPINSKI  
Name of Contact Person

QUARLES & BRADY LLP  
Firm/Company

411 E WISCONSIN AVE, STE 2040  
Address

MILWAUKEE WI 53202  
City/State and Zip Code

TSMITH@OPERANAPLES.ORG  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN LAPINSKI at ( 414 ) 277-5189  
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  
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: OPERA NAPLES CHARITABLE ENDOWMENT, INC.  
2. The principal office address: 2408 LINWOOD AVE, NAPLES FL 34112

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/25/2009 Document number: N09000011368

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)

NAPLES-LAWDOCK INC

1395 PANTHER LANE SUITE 300

NAPLES FL 34109 US

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

THOMAS SMITH

2408 LINWOOD AVE

P.O. Box NOT acceptable

NAPLES FL 34112

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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.

X Thomas S. Smith  
Signature of an officer or director

THOMAS SMITH  
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.*

X Thomas S. Smith  
Signature of Registered Agent

12/1/2011  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)