

NO9830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

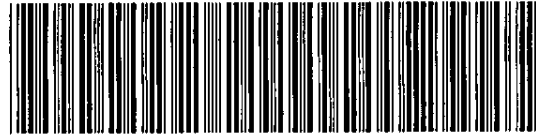
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200213099902

RA  
Change

11/28/11--01003--003 \*\*35.00

RECEIVED

11 NOV 23 PM 3:55

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2011 NOV 21 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AdR  
4/23/11

November 23, 2011

C T Corporation System  
1203 Governors Square Blvd.  
Suite 101  
Tallahassee FL 32301-2960

Re: Order #: 8310107 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Tallahassee Fulfillment Team 1:

Please file the attached:

Collier County Sheriff's Office Benefit Fund Committee, Incorporated (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Hannah Jimenez  
Fulfillment Specialist - Contractor  
hannah.jimenez@wolterskluwer.com



November 22, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE,  
3319 E. TAMiami TR.  
NAPLES, FL 34112-4902US

SUBJECT: COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE,  
INCORPORATED  
REF: N09830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H11000275658  
Letter Number: 111A00026458

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE, Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** N09830

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:

Barb Miller

Name of Contact Person

COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE, Incorporated

Firm/Company

3319 E. TAMiami TR.

Address

NAPLES FL 34112-4902 US

City/State and Zip Code

barbara.miller@colliersheriff.org

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

For further information concerning this matter, please call:

Barb Miller

Name of Contact Person

239

252-0837

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: COLLIER COUNTY SHERIFF'S OFFICE BENEFIT FUND COMMITTEE, Incorporated

2. The principal office address: 3319 E. TAMiami TR. NAPLES FL 34112-4902 US

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

4. Date of incorporation/qualification: 06/18/1985 Document number: N09830

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 34109-4902

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Barbara Miller  
Signature of an officer or director

Barbara Miller, Treasurer

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.*

By: Rebecca Barth

Signature of Registered Agent

Date

If signing on behalf of an entity:

Assistant Secretary  
Rebecca Barth

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

**FILED**  
2011 NOV 21 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA