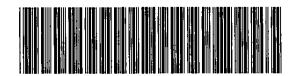
71200006269

(Re	equestor's Name)			
(Ac	ldress)	<u></u>		
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500285102415

05/05/16--01022--012 **35.00

TAUL MHASSEE, FLURIDA

216 MAY -5 P 12: 07

T. LEWirt



COVER LETTER

TO: Amendment Section Division of Corporations

The Spirit Of Naples and southwest Florida, Inc.

Name of Corporation

NOCHMENT NUMBER, N1200006269

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:

Name of Contact Person

SON

Firm/Company

3765 Airport Pulling Road N, Ste 203

Address

Naples, FL 34105

City/State and Zip Code

rebeca@sonstudios.org

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

For further information concerning this matter, please call:

Rebeca Seitz

Name of Contact Person

at (615) 308-1198

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

statement of cha	provisions of sections 607.0302, 6. nge is submitted for a corporation r to change its registered office or	organized under the laws of the	State of Florida
	he corporation: The Spirit Of		
• •	office address: 3765 Airport I FL 34105 (this is the new		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6/25/12	Document number:	N12000006269
	street address of the current registement of State: (If resigned, enter t		on file with the
	Rebeca Seitz c/o the sp	pirit of naples and sw fl,	inc.
	1100 Fifth Ave S, Suite	201	
	Naples, FL 34102		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or regi	stered officer
	3765 Airport Pulling Roan P.O. B Naples, FL 34105	ad N, Suite 203 ox NOT acceptable	P P P O1
The street addre	ss of its registered office and the be identical.	street address of the business of	a de la companya de
Such change was authorized by the	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors of the characters of the characters of the characters.	or by an officer so inge.
Lebeca	re of an offriger or director	PRESIDENT + Printed or typed in	CEO
I further agree to performance of agent. Or, if this	the appointment as registered ago o comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	ll statutes relative to the proper and accept the obligation of my to reflect a change in the registe	and complete position as registered
Lebeca	Seit-	5/2/16	
-	nature of Registored Agent	Date	
	half of an entity:		
KEBECA TO	SEITZ pped or Printed Name		

* * * FILING FEE: \$35.00 * * *