N13000004844

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: THE PARTNERSHIP FOR COLLIER'Name of Corporation		
DOCUMENT NUMBER: N13000004844		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
MICHAEL DALBY		
Name of Contact Person		
THE PARTNERSHIP FOR COLLIER'S FUTURE I	ECONOMY	
Firm/Company		
2150 GOODLETTE ROAD N., 1ST FLOOR		
Address		
NAPLES, FL 34102		
City/State and Zip Code		
MICHAEL@NAPLESCHAM	MBER.ORG	
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter, p	please call:	
MICHAEL DALBY	at (239) 262-6376	
Name of Contact Person	at (239) 262-6376 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Status n organized under the laws of the State of FLOF r registered agent, or both, in the State of Floria	RIDA	
	0 0 2	SHIP FOR COLLIER'S FUTURE ECONOMY	а.	
1. The name of	the corporation:	E ROAD N. 1ST FLOOR, NAPLES, FL. 34102		
2. The principal	office address:	E ROAD N., 1ST FLOOR, NAPLES, FL 34102		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/23/2013	Document number: N13000004844	‡ 	
	I street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	2	
	MICHAEL DALBY			
	2390 TAMIAMI TRAIL N., SUIT	TE 210	Setmo	20
NAPLES, FL 34103				2022 SEP - I
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	e valle FLÖRİD	P - AM
	MICHAEL DALBY		ال قال 13	ф ф
	2150 GOODLETTE ROAD N., 15	ST FLOOR		9: 04
		P.O. Box NOT acceptable		
	NAPLES, FL 34102			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	istered	agent,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an offic been notified in writing of the change.	er so	
Max	1211	MICHAEL DALBY		
Signatu	re of an officer or director	Printed or typed name and title		
I further agrée of my duties, ar document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this o	gent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby co- change.	e perfor int. Or nfirm th	mance if this hat the
20	is IALL	07/14/2022		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
MICHAEL DAL	.BY			
T	vped or Printed Name	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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