

N16000011093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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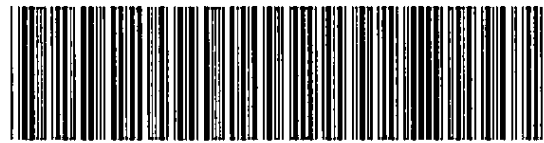
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUN 06 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Naples Art District  
Name of Corporation

**DOCUMENT NUMBER:** N16000011093

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:

Paula Brody

Name of Contact Person

Naples Art District

Firm/Company

PO Box 111455

Address

Naples, FL 34108

City/State and Zip Code

paulabrody@me.com

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

For further information concerning this matter, please call:

Paula Brody

Name of Contact Person

at (239)

272-7110

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

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.

CR2E045 (04/13)