

N18 00000 3413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

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TALLAHASSEE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Buddhist Meditation Center of SW FL  
Name of Corporation

**DOCUMENT NUMBER:** N1800000

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:

Nikone Thackthay

Name of Contact Person

Firm/Company

2350 Benton Road

Address

Naples, FL 34117

City/State and Zip Code

nikonet69@gmail.com

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

For further information concerning this matter, please call:

Nikone Thackthay

Name of Contact Person

at ( 239 ) 220-9510

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: Buddhist Meditation Center of SW FL
2. The principal office address: 2676 Lamb Lane Naples, FL 34117
3. The mailing address (if different): 2350 Benton Road Naples, FL 34117
4. Date of incorporation/qualification: 03/21/2018 Document number: N18000003413
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)

Lamphou Kiewsida

2350 Benton Road

Naples, FL 34117

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

Nikone Thackthay

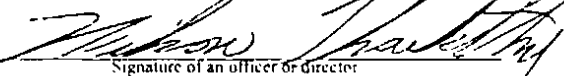
2350 Benton Road

P.O. Box NOT acceptable

Naples, FL 34117

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.

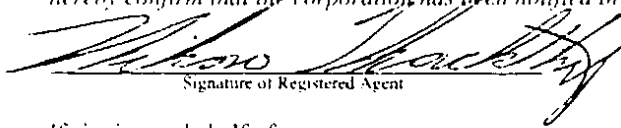


Signature of an officer or director

Nikone Thackthay

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.*



Signature of Registered Agent

10/10/2019

Date

If signing on behalf of an entity:

Nikone Thackthay

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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STATE DEPT OF CORP  
TALLAHASSEE FL 32314

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