N25225

(Requestor's Name)
(Address)
(Address)
,
(City (Chale 17 in Dhana 4b)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TANACESES STATE

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TRANSMITTAL LETTER

TO:	Amendm Division	ent Section of Corporation	S						
SUBJE	СТ:	Naples	Winterpa	rk VIII, (Name of corpo	Inc.				
DOCUI	MENT N	UMBER:	N2	5225	-	<u>.</u>			
The enc	losed Star	tement of Chan	ge of Registere	ed Office/Agent	and fee	are sub	mitted	for filing.	
Please r	eturn all o	correspondence	concerning thi	s matter to the fo	ollowin	g:			
			Joh	n H. Slat					
				(Name of pers	on)				
	,	_	.			_			
_	c/o	Greenwood	_	ent Service Name of firm/con				······································	
			(1	value of influcor	npany <i>)</i>				
	5533	Greenwoo	od Circle	:				-	
····			······································	(Address)					······································
	Napl	les, FL	34112						
			(6	City/state and zig	code)				
For furt	her inform	nation concerni	ng this matter,	please call:					
Jol	hn H.	Slater			n4 ()	239	,	530-4141	
· · · · · · · · ·		(Name of	person)		at ((Area c	ode &	530-4141 daytime teleph	ione number)
Enclose	d is a \$35	5.00 check made	e payable to the	e Department of	State.				
	Divis P.O.	ing Address; ndment Section sion of Corporat Box 6327 hassee, FL 323				Ame Divi 409 I	sion of E. Gain	ress: t Section Corporations tes Street FL 32399	

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

Pursuant to the p	provisions of sec	tions 607.0502, c	517.0502,	607.1508, or 6.	<i>17.1508</i>	, Florida Sta	atutes, this st	atement of
change is submit				-		Florida	a	in order
to change its reg	istered office or	registered agent	, or both, i	in the State of F	lorida.			
1. The name of the	ne corporation:_	Naples W	interp	ark VIII	, Inc	Z •	- 	
2. The principal	office address:_	c/o Gree	nwood	Manaqeme	nt S	ervices	, Inc.	
5533 G	reenwood	Circle, N	aples,	FL 341	12		-	
3. The mailing ac	ddress (if differe	nt):		·		····		
4. Date of incorp	oration/qualifica	ation: 3/4/8	8	Document r	umber:	N252	25	
5. The name and Florida Depart		f the current regi	stered ages	nt and registere	d office	on file with	the FE	
	Moore P	roperty M	anaqem	ent, Inc	•			à E
	745 12t	h. avenue	South	, Suite	AA#@	02		P. J
	Naples,	FL 3410	2		· · · · · · · · · · · · · · · · · · ·		- <u>-</u> -	ion =
6. The name and (if changed):	street address o	f the new register	red agent (if changed) and	i /or reg	istered office	e	器。
	John H.	Slater	Gre	enwood m	anag	ement S	ervices	, Inc
	5533 Gr	eenwood C	ircle					
		(P.O. Box or	personal mail	box NOT acceptable)			
	Naples,	FL 3411	2	_				
The street addre	ss of its register identical.	ed office and th	e street ad	dress of the bu	siness (office of its	registered ag	gent, as
Such change wa the board, or the								
Ruch	2 Hobs	X		Ru		. Hubin	g, Pres	ident
I hereby accept i I further agree to duties, and I am being filed mere been notified in	the appointment of comply with the familiar with a life to reflect a convintion of this convictions of Register	t as registered a he provisions of nd accept the ol hange in the reg change.	gent and a all statute ligation o istered off	agree to act in es relative to th of my position of fice address, I	•		,	ance of my locument is ttion has
<u> </u>	(Typed or Printed N	ame)				(Capac	ity)	