

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
•	•	
	ty/State/Zip/Phone	
(CI	ty/State/Zip/Prioni	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
·	•	•
(Dr	ocument Number)	
(50	odinent (valiber)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
·		ļ
		ł





08/29/16--01041--003 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

Name of Corporation

NOCUMENT NUMBER: N27318

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:

Elinor V. Krier

Name of Contact Person

EK Consulting, Inc.

Firm/Company

3200 Bailey Lane Suite 199

Address

Naples, FL 34105

City/State and Zip Code

ellie@ekc-inc.com

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

For further information concerning this matter, please call:

Elinor V. Krier 239 \262-0015

Name of Contact Person 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: Southwest Florida Land Preservation Trust, Inc.	
2. The principal office address: 3200 Bailey Lane Suite 199, Naples, FL 34105	
3. The mailing address (if different): P.O. Box 2465, Naples, FL 34106	
4. Date of incorporation/qualification: 7/8/1988 Document number: N27318	
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)	
Elinor V. Krier	
1100 5th Ave. S., #201	
Naples, FL 34102	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Elinor V. Krier 3200 Bailey Lane Suite 199	
Elinor V. Krier	-
3200 Bailey Lane Suite 199	1
Naples, FL 34105	_
Naples, FL 34105	
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.	
William L. Barton, President Signature of an officer or director 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 877-2014 Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)