

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|--|
| SUBJ | ECT: Napa Ridge Villas Homeowners Associ | | | | |
| | Tumb of C | , postaton | | | |
| DOC | JMENT NUMBER: N28136 | | | | |
| The er | iclosed Statement of Change of Registered Offic | c/Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matte. | r to the following: | | | |
| | | | | | |
| | Brigit Brennan | | | | |
| | Name of Contact Person | | | | |
| | No. of Borna A. A. | | | | |
| Newell Property Management Corporation Firm/Company | | | | | |
| | | | | | |
| | 5435 Jaeger Road #4 | | | | |
| | Add | ress | | | |
| | Name II 24400 | | | | |
| | Naples FL 34109 City/State an | d Zip Code | | | |
| · | | | | | |
| | brigit@newellpropertymanagement.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For fu | ther information concerning this matter, please of | eall: | | | |
| Dainit | 2 | | | | |
| Bright | Brennan Name of Contact Person | at (239) 514-1199 Area Code & Daytime Telephone Number | | | |
| | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | | | | | |
| | Mailing Address: | Street Address: | | | |
| | Amendment Section | Amendment Section | | | |
| | Division of Corporations | Division of Corporations | | | |
| | P.O. Box 6327 | Clifton Building | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida State inge is submitted for a corporation organized under the laws of the State of Flori | ida | |
|--|---|----------------|--------|
| | r to change its registered office or registered agent, or both, in the State of Flori | da. | AUS OS |
| 1. The name of | the corporation: Napa Ridge Villas Homeowners Association | | |
| 2. The principal | office address: 5435 Jaeger Road #4, Naples FL 34109 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 8/30/1988 Document number: N28136 | | |
| | I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) | ic | |
| | Resort Management | | |
| | 2685 Horseshoe Drive S #215 | | |
| | Naples FL 34104 | | |
| | | | |
| | | 2018 | |
| 6. The name and (if changed): | I street address of the new registered agent (if changed) and /or registered offices | 8 SEP 2 | 71 |
| | Newell Property Management Corporation | · - | \$ |
| | 5435 Jaeger Road #4 | 2 | |
| | Naples FL 34109 P.O. Box NOT acceptable | œ. | O |
| | P.O. Box NOI acceptable | ဍ | |
| The street addre | ss of its registered office and the street address of the business office of its reg be identical. | istered a | gent, |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. | er so | |
| Toldmin Signatur | te P. Selgiclist gres Julian na Sadawith | presi | dont |
| I further agree t performance of agent. Or, if thi | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as r s document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change. | egistered | d |
| //- | allix | | |
| Sign | ature of Registered Agent Date | | |
| If signing on bel | nalf of an entity: | | |
| Honio | BOKLINOS | | |
| Ty | ped or Printed Name | | |

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