N 36714

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

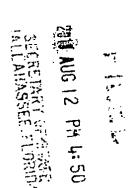
Office Use Only

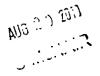


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FILING CANCELLED
DUE TO RETURNED CHECK

08/12/18--01018--029 *#35.00





FILING CANCELLED DUE TO RETURNED CHECK

COVER LETTER

Me 12 PX 4.5 TO: Amendment Section **Division of Corporations** Weybridge Condominium Association of Naples, Inc. SUBJECT: Name of Corporation N36714 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: John Joanides Name of Contact Person John Joanides CPA PA Firm/Company 7345 Davis Blvd Naples, FL 34104 john@joanidescpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

John Joanides

Name of Contact Person

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

CR2E045 (03/12)

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

-	-	17.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of Florida
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.
1. The name of t	ale corporation	ondominium Association of Naples, Inc.
12. The principal	office address: 7345 Davis	s Blvd # 2
Naples,	FL 34104	
3. The mailing a	ddress (if different): 7345 Da	avis Blvd # 2
4. Date of incorp	poration/qualification: 12/15/	90 Document number: N36714
	I street address of the current regis trnent of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	RESIGNED	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered office
	John C Joanides	nite Two
7345 Davis Blvd Suite Two		
	Naples, FL 34104	30x NOT acceptable
<u>س</u> ال الم		
		street address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
SHILLE	SO/	Gregory Stephens
I hereby decept I further agree to performance of	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title tent and agree to act in this capacity. Ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
		07/24/19
Sign	nature Registered Agent	Date
	half of an entity:	
John Joa		
T	yped or Printed Name	

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