

	_	
(Requestor's Name)		
(Address)		
(Address)		
(, 10	41030)	
(Cit	y/State/Zip/Phone	e #)
		—
☐ ЫСК-0Ъ	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
(120	coment Namber)	
Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer	
Special instructions to	r illing Officer.	
L		

Office Use Only



800319183138

10/05/18--01020--001 **35.00

S TALLENT NOV 0 1 2018 18 OCT 31 PH 4: 55

Planet



October 18, 2018

KEITH HOSKINS 1500 MANATEE RD NAPLES, FL 34114

SUBJECT: MARCO SHORES ESTATES HOMEOWNERS CORP.

Ref. Number: N38929

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

RECEIVED
OCT 31 AMILLA
RETARY OF STAN

Letter Number: 318A00021295

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: Marco Shores Estates Canenners Corp.
2. The principal office address: 1500 Manatee Rd
Naples, FL 34/14
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/3/1990 Document number: 131929
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)
Becker & Poliakoff, P.A.
Becker & Poliakoff P.A. 4001 Tamiami Trail N., Suite 410
Naples, FL 34103
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Gordon, Scott E. Esquire 2 N. Tamiami Trail - Suite 500
Gordon, Scott E. Esquire 2 N. Tamiami Trail - Suite 500 P.O. Bux NOT acceptable Sarasota FL 34234
Jarasota, FL 34234
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 hoard, of the corporation has been notified in writing of the change. Continued to the corporation of the change
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 familtar 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 9/21/18
If signing on behalf of an entity:
Scott E. Go, Clon 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)