

N94000006071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

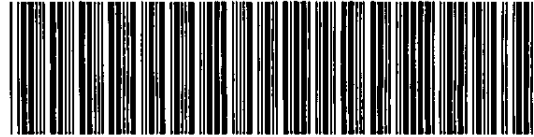
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000292324100

11/17/16--01003--011 **35.00

NOV 17 2016
16 NOV 17 AM 10:23
RECEIVED
FILING OFFICE
STATE OF NEW YORK

NOV 21 2016
RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naples Chapter of the Florida Native Plant Society, Inc.
Name of Corporation

N94000006071 EIN 65-05516662

DOCUMENT NUMBER:

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:

Patricia McDonald

Name of Contact Person

Firm/Company

1120 Galleon Drive

Address

Naples, FL 34102

City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia McDonald

239

659 5211

Name of Contact Person

at ()

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Naples Chapter of the Florida Native Plant Society, Inc.
2. The principal office address: 1120 Galleon Drive, Naples, FL 34102
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1994 Document number: _____

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)

Jonathan Jenson

8821 Zurigo Lane

Naples, FL 34114

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

B Jean Roche

2110 Arielle Drive, Apt. 105

Naples, FL 34109

P.O. Box NOT acceptable

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.

Pat McDonald
Signature of an officer or director

Patricia McDonald, President

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.

B Jean Roche
Signature of Registered Agent

11-27-16
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)