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(Requestor's Name)		
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PICK-UP	WAIT MAIL	
(Business	Entity Name)	
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0-46-4 0:	Destification of Object	
Certified Copies (Certificates of Status	
Special Instructions to Filing C	Officer:	
	J. HORNE	
	JUL 27 2022	
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PILED
2022 MAY 23 PM 3: 5
SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Robert Carol Apparel, Inc. Name of Corporation	
DOCUMENT NUMBER: P00000088805	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Robert J. McDonald	
Name of Contact Person	
Casual Connection	
Firm/Company	
1980 Essex Circle	
Address	
Naples, FL 34109	
City/State and Zip Code	
casualconnection@icloud.com	m
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Robert McDonald	at (239)777-8687
Name of Contact Person	at (239) 777-8687 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florid egistered agent, or both, in the State of Florida	a
1. The name of	the corporation: Robert Carol Appare	·I	
	office address: 2464 Vanderbilt Bear		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/2001	Document number: P00000088805	
	d street address of the current register ettment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	
	Craig Woodward/Woodword, Pires,	& Lombardo	T., B
	3200 Tamiami Trail North #200		ECRI
	Naples, FL 34103		2022 MAY 23 SECRETARY FALLARYSS
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered office	PH 3:
	Robert J. McDonald		5
	1980 Essex Circle		
	Naples, FL 34109	O. Box NOT acceptable	
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its regis	tered agent,
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an office in notified in writing of the change.	r so
Post 0	missan	Robert J. McDonald, President	
Signati	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age, to comply with the provisions of all all am familiar with and accept the filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete per obligation of my position as registered agen In the registered office address, I hereby conjunce.	performance t. Or, if this Irm that the
Putar	nDod	5/20/2022	
Sig	nupre of Registered Agent	Date	
If signing on be	half of an entity:		
Robert J. McDor	ald		
Т	yped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 3)