

POG 000091486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

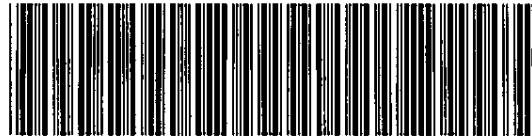
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
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T. LEVINE

**VOGEL LAW OFFICE**  
A PROFESSIONAL ASSOCIATION

Richard M. Vogel, Of Counsel  
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Naples, Florida 34103

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December 6, 2013

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: Tracy Holdings, Inc.**  
**Document No. P0000001486**

To Whom It May Concern:

Enclosed please find our request to change the address of the registered agent for the above captioned corporation, along with a check for \$35.00 for processing.

If there are any questions, or if additional information is required, please do not hesitate to contact our office at any time.

Very truly yours,

**VOGEL LAW OFFICE, P.A.**



Joan Hurd

Enclosures as stated

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tracy Holdings, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000091486

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:

James D. Vogel, Esq.

Name of Contact Person

Vogel Law Office, P.A.

Firm/Company

4099 Tamiami Trail North, Suite 200

Address

Naples, FL 34103

City/State and Zip Code

jimv@vogel-law.net

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

For further information concerning this matter, please call:

James Vogel

Name of Contact Person

at ( 239 ) 262-2211

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

1. The name of the corporation: Tracy Holdings, Inc.
2. The principal office address: 5405 Taylor Road, Unit 15, Naples, FL 34109
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/27/2000 Document number: P00000091486
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)

James D. Vogel, Esq.

3936 Tamiami Trail North, Suite B

Naples, FL 34103

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

James D. Vogel, Esq.

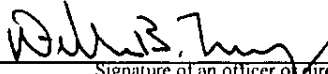
4099 Tamiami Trail North, Suite 200

P.O. Box NOT acceptable

Naples, FL 34103


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.

  
Signature of an officer or director

William B. Tracy  
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.*

  
Signature of Registered Agent

12-6-13  
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

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