(Re	equestor's Name)	
(Ad	ldress)	-
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT: Mapoleon Enterprises Inc. (Name of Corporation)			
DOCUMENT NUMBER: POOCOCO 92491			
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:			
Peter Riccardelli (Name of Contact Person)			
Napoleon Enterprises, Inc. (Firm/Company)			
24850 Olde 41Rd #23 (Address)			
Bonita Springs Fl 34135 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Peter Riccardelli at (239) 949-9520 (Area Code & Daytime Telephone Number)			

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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: Napaleon Enterprises, Inc.
1. The name of the corporation: Napoleon Enterprises, Inc. 2. The principal office address: 24850 Olde 41 Rd, Suite 23
Bonita Springs, Fl. 34135
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/03/200 Document number: P000009349
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Peter Riccardelli
227 Trade Center Way #101 8 6
Naples, Fl. 34109
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
24850 Olde 41 Rd, Suite 23 (P.O. Box NOT acceptable)
Bonita Springs, Fl. 34135
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.
Peter Riccardelli-President (Signature of an officer or director) Peter Riccardelli-President
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.
Leten Grienalli 9/23/05 (Signature of Registered Agent) 9/23/05
If signing on behalf of an entity:
(Typed or Printed Name)

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

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