

P000000092491

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Napoleon Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P00000092491

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

9510 Corkscrew Palms Cir, #4
Address

Esterco, FL 33928
City/State and Zip Code

petericc12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Riccardelli at (239) 784-2232
Name of Contact Person Area Code & Daytime Telephone Number

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

change back

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: Napoleon Enterprises, Inc.
2. The principal office address: 9510 Corkscrew Palms Circle, #4
Naples, Fl. 33928
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/02/2000 Document number: P00000092491

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)

Peter Riccardelli
9510 Corkscrew Palms Cir, #4
Estero, Fl. 33928

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

7935 Airport-Pulling Rd. N.
Suite # 212
P.O. Box NOT acceptable
Naples, Fl. 34109

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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.

J. Peter Riccardelli
Signature of an officer or director

J. Peter Riccardelli - 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.

J. Peter Riccardelli
Signature of Registered Agent

6/7/10
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