

PO/D0000 44747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

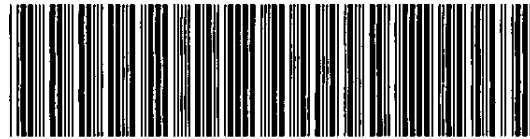
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KA  
Change  
5/10/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Kokua Healing Arts of Naples, Inc.  
Name of Corporation

DOCUMENT NUMBER: PO1000044747

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:

Jane Cox  
Name of Contact Person

Kokua Healing Arts of Naples, Inc.  
Firm/Company

8813 Tamiami Trail East  
Address

Naples, FL 34113  
City/State and Zip Code

nursing network @ comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Cox at 239 213 0199  
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kokua Healing Arts of Naples, Inc  
2. The principal office address: 8813 Tamiami Trail E, Naples, FL 34113

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/31/2005 Document number: P01000044747

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)

Jane Cox  
720 5th Ave S #201  
Naples, FL 34102

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

Jane Cox  
8813 Tamiami Trail East  
P.O. Box NOT acceptable  
Naples, FL 34113

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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.

Jane Cox  
Signature of an officer or director

Jane Cox - sect  
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.*

Jane Cox  
Signature of Registered Agent

5/4/12  
Date

If signing on behalf of an entity:

Kokua Healing Arts of Naples, Inc  
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