## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number : 076402003516 : (239)514-1000 Phone

Fax Number : (239)514-0377

REGISTERED AGENT CHANGE

GOETZ + STROPES LANDSCAPE ARCHITECTS, INC.

Certificate of Status	0
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## 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, the statement of change is submitted for a corporation organized under the laws of the State of Florida.	ds	
in order to change its registered office or registered agent, or both, in the State of Florida.		<b>-</b>
1. The name of the corporation: Goetz + Stropes Landscape Architects, Inc.		
2. The principal office address: 185 10th Street South, Naples, Florida 34102		
3. The mailing address (if different):	<u>·</u>	
4. Date of incorporation/qualification: 10/26/2001 Document number: P01000103944		· ·
<ol> <li>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)</li> </ol>		
Jerry R. Stropes		
185 10th Street South	09	NIO
Naples, Florida 34102	AON (	NOIS 3833
<ol><li>The name and street address of the new registered agent (if changed) and for registered office (if changed);</li></ol>	<u>ا</u> اا	OF CORP
GFPAC Services, LLC	SH SO:	95.7 25.7
5551 Ridgewood Drive, Suite 501 (P.O. Brox NOT scoredale)	<u></u>	ORATIONS
Naples, Florida 34112		ফ
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	d agen	it,
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.		
Ellin Goetz President (Stunisture or un circur or dijector) (Printed or typed name and bala)		•
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 performy duties, and I am familiar with and accept the obligation of my position as registered agent. Cacament is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	orman ภ. if th that th	ce pis ie
10.0.00		
(Signature of Regulated Agent) (Date)  If signing on behalf of an entity:		•
By: Richard Grant, Esq. President (Typed or Printed Name)		
* * * FILING FRE: \$35.00 * * *		
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)		•