## P02000114713

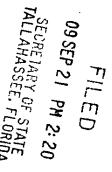
(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
•						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filling Officer						
Special Instructions to Filing Officer:						
•						

Office Use Only



100159763001

09/21/09--01006--021 \*\*35.00





## **COVER LETTER**

Amendment Section

Division of C	orporations						
SUBJECT:	C L G of Southv	vest Florida, Inc	· · · · · · · · · · · · · · · · · · ·				
DOCUMENT NUMI	UMENT NUMBER: P02000114713						
The enclosed Stateme	nt of Change of Registered Of	fice/Agent and fee are	submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:					
		es R Getz Contact Person					
C L G of Southwest Florida Inc							
811 West Henry Street							
Address							
Punta Gorda, Florida 33950-5845 City/State and Zip Code							
getzjamesr@gmail.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:  Jim Getz at (239 ) 989-5142							
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	Divisio Clifton	address: ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registered	orporation organized	under the laws of the Sta	te of
1. The name of	the corporation: C L G	of Southwest	Florida, Inc	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	10/18/2002	Document number:	P02000114713
	d street address of the cur		and registered office on	file with the
	James Getz			
	1060 Matecumbe	Key Rd,		
	Punta Gorda, Flor	ida 33955		09 SECT
6. The name and (if changed):	d street address of the nev	w registered agent (if	changed) and /or register	FILE 09 SEP 21 P SECRETARY CALLAHAGSEE
	James Getz			
	811 West Henry S			:: 20. TATE ORIDA
	Punta Gorda, Flori	P.O. Box NOT according 33950-5845	ершоне	
as changed wil	ress of its registered offic	ce and the street add		ce of its registered agent, by an officer so
Carl	rene L Set		Catherine G	etz Pres
I hereby accept I further agree of my duties, at document is be corporation has Si	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflect as been notified in writing gnature of Registered/Agent	istered agent and ag isions of all statutes d accept the obligat ct a change in the re g of this change.	Printed or typed nat gree to act in this capaci relative to the proper a ion of my position as reg gistered office address, 17 Se	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
	Typed or Printed Name			

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