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ACCOUNT NO. : 072100000032

REFERENCE: 482858

AUTHORIZATION :

COST LIMIT : \$ 35.00

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ORDER DATE: July 14, 2005

ORDER TIME : 9:38 AM

ORDER NO. : 482858-010

CUSTOMER NO: 7304333

CUSTOMER: Scott M. Ketchum, Esq

Scott M. Ketchum, P.a.

Goodlette Professional Center

692 Goodlette Road North

Naples, FL 34102

## CHANGE OF AGENT

NAME: DIPPER DEL OF NAPLES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	he corporation: Dipper Del of Naples, Inc.	
2. The principal	office address: 9000 Gulf Shore Drive, Naples, FL 34108	
<del></del>		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 12/16/2002 Document number: P02000132203	
	street address of the current registered agent and registered office on file with the tment of State:	
	James H. Siesky	
	1000 Tamiami Trail N, Suite 201	
	Naples, FL 34102	
6. The name and (if changed):	Naples, FL 34102  STOP STOP STOP STOP STOP STOP STOP STOP	
	Scott M. Ketchum, Esq.	
	692 Goodlette Rd N	
	(P.O. Box NOT acceptable)	
	Naples, FL 34102	
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signatu	Robert Woitzik Robert WoiTZIK  (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity, o control with the provisions of all statutes relative to the proper and complete performance d.l. as familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
(Signature)	mature of Registered Agent) 7/13/05 (Date)	
If signing on be	half of an entity:	
т)	yped or Printed Name)	

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