

P030000 71075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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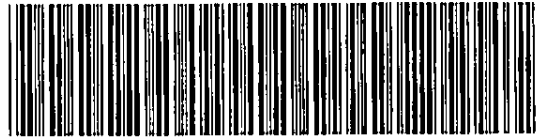
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAPLES Winery, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000071075

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:

Dimitra ARNESON
Name of Contact Person

NAPLES WINERY, INC.
Firm/Company

111 DORAL CIRCLE
Address

NAPLES, FL 34113
City/State and Zip Code

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

For further information concerning this matter, please call:

Dimitra ARNESON at (239) 304-6607
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NAPLES Winery, Inc.
2. The principal office address: 1200 5th Ave. South Ste #111
NAPLES, FLORIDA 34102
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-16-2003 Document number: PO3000071075
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)

TINA BRADDOCK
1200 5th Ave South Ste #111
NAPLES, FLORIDA 34102

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

Dimitra ARNESON
111 DORAL CIRCLE
P.O. Box NOT acceptable
NAPLES, FLORIDA 34113

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.

Dimitra Arneson
Signature of an officer or director

Dimitra ARNESON
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.

Dimitra Arneson
Signature of Registered Agent

01/08/2020
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