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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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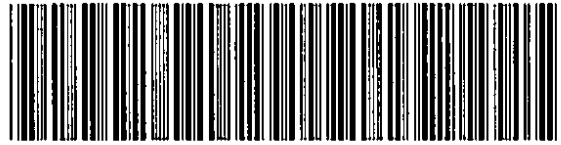
(Business Entity Name)

(Document Number)

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Hazzard  
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**Erika Gonzalez**  
Paralegal

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June 15, 2020  
VIA U.S. MAIL

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Re: The Hadinger Company of Naples & Hadinger, Inc. – Change of Address Forms  
Our File No. 9514-01

To Whom It May Concern:

Mr. Damian C. Taylor, Esq. of our office is the Registered Agent for the two (2) corporations by the names of The Hadinger Company of Naples and Hadinger, Inc. We have enclosed a Change of Address form for each company and check no. 20508 and check no. 20509 in the amount of \$35.00 each to serve as payment for the processing of both forms.

Should you have any questions, please feel free to contact me on my direct line (239) 298-5204. Thank you for your assistance.

Sincerely,



Erika Gonzalez  
Paralegal

Enclosures

Copy to: Client

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Hadinger Company of Naples  
Name of Corporation

**DOCUMENT NUMBER:** P03000155623

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:

Damian C. Taylor, Esq.  
Name of Contact Person  
Coleman, Hazzard, Taylor, Klaus, Doupe & Diaz, P.A.  
Firm/Company  
4099 Tamiami Trail N., Suite 201  
Address  
Naples, FL 34103  
City/State and Zip Code

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

For further information concerning this matter, please call:

Damian C. Taylor, Esq. at ( 239 ) 298-5208  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: The Hadinger Company of Naples
2. The principal office address: 6401 North Airport Road, Naples, FL 34109
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 12/24/2003 Document number: P03000155623
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)

Damian Taylor, Esq.

3003 Tamiami Trail N., Suite 402

Naples, FL 34103

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

Damian C. Taylor, Esq.


4099 Tamiami Trail N., Suite 201

P O Box NOT acceptable

Naples, FL 34103

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.

  
\_\_\_\_\_  
Signature of an officer or director

Susan Hadinger CEO  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6/8/2020

\_\_\_\_\_  
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  
CR2E045 (04/13)

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