

P04000012292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Naples Cabinets, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000012292

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:

Danny Zenisek
Name of Contact Person

Naples Cabinets, Inc.
Firm/Company

6187 Shirley Street, Suite 2
Address

Naples, FL 34109-6261
City/State and Zip Code

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

For further information concerning this matter, please call:

Danny Zenisek at (239) 597-8730
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 Cabinets, Inc.
2. The principal office address: 6187 Shirley Street, Suite 2 Naples, FL 34109-6261
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/12/2004 Document number: P04000012292
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)

Danny Zenisek

1815 J and C Blvd

Naples, FL 34109

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

Danny Zenisek


6187 Shirley Street, Suite 2

P.O. Box NOT acceptable


Naples, FL 34109-6261

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.

 Danny Zenisek - President
Signature of an officer or director 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.

 08/14/2011
Signature of Registered Agent Date

If signing on behalf of an entity:

Danny Zenisek
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 (8/05)