## Po4000102743

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## **COVER LETTER**

TO: A

Amendment Section Division of Corporations

<sub>surrect.</sub> Custom Homes by Kaye

Name of Corporation

DOCUMENT NUMBER.

P04000102743

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:

Catherine Jay Kaye

Name of Contact Person

Custom Homes by Kaye

Firm/Company

910 39th Street SW

Address

Naples FL 34117

City/State and Zip Code

jkaye@kayelifestylehomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gillian Packwood

,,239 \30

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.		_
1. The name of t	he corporation: Custom Home	es By Kaye Inc.		
2. The principal Naples FI	office address: 163 Edgemere	e Way S		
3. The mailing a Naples	ddress (if different): 163 Edgen FL 34105	nere Way S		
4. Date of incorp	poration/qualification: 07/09/20	04 Document number: P04000102	743	
5. The name and		ered agent and registered office on file with the		
	Catherine J Kaye			
	138 Amblewood Lane			
	Naples FL 34105			<u>D</u>
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	15 FEB -	ALCUSTAN
	Catherine J Kaye		9	0014
	163 Edgemere Way S		AH 10: 5	0.4
	Naples FL 34105	x NOT acceptable	2	B.
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registe	ered age	ent,
Such change was authorized by the	is authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of directors or by an officer and notified in writing of the change.	so	
	re of an afficer or director	Catherine J Kaye Printed or typed name and title		_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of al- my duties, and I am familiar with	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as reg o reflect a change in the registered office addre	istered 2ss, I	
$\mathcal{Q}_{\mathcal{Q}}$	is Kong	01/27/2015		
V	halt of an entity:	Date		
Catherine J	ay Kaye  yped or Printed Name			

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