

P04000102743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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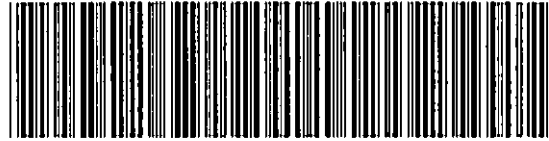
(Business Entity Name)

(Document Number)

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2021 AUG 16 PM 12:45
CLERK OF STATE
TALLAHASSEE, FL

A. Butler
8/26/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Custom Homes By Kaye INC.
Name of Corporation

DOCUMENT NUMBER: 104000102743

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:

Jay Kaye
Name of Contact Person

Custom Homes By Kaye INC.
Firm/Company

163 Edgemere Way S.
Address

Naples, FL 34105
City/State and Zip Code

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

For further information concerning this matter, please call:

Jay Kaye at (239) 434-5293 x 232
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: Custom Homes By Kaye INC.
2. The principal office address: 3003 Tamiami Trail North
Suite 200 Naples, FL 34103
3. The mailing address (if different): 163 Edgemere Way S Naples, FL 34105
4. Date of incorporation/qualification: 7/9/2004 Document number: PO4000162743
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)

Kaye, Cathrine J
163 Edgemere Way S.
Naples, FL 34105

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

Anthony M. Lawhon PA
3003 Tamiami Trail North Suite 200
Naples, FL 34103
P.O. Box NOT acceptable

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]
Signature of an officer or director

Cathrine Kaye VP
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]
Signature of Registered Agent

8/12/21
Date

If signing on behalf of an entity:

Anthony Lawhon
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

CRZED43 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 16 PM 12:45

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