

PO5000073782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

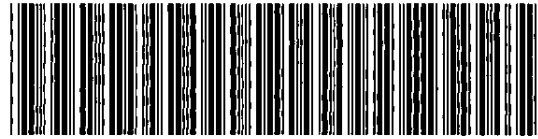
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/26/07--01020--024 **70.00

RA chg
WPS
6/26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grille 951

(Name of Corporation)

DOCUMENT NUMBER: P05000073782

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine m. Goodman

(Name of Person)

Grille 951

(Name of Firm/Company)

7550 Mission Hills Drive Suite 326

(Address)

Naples, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine M. Goodman at (239) 776-2828

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RECEIVED
07 JUN 25 AM 8:00
DIVISION OF CORPORATIONS

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Grille 951
2. The principal office address: 7550 Mission Hills Drive Suite 326
Naples, FL 34119
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P05000073782
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Catherine M. Goodman

2683 Orange Grove Trail

Naples, FL 34119

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

Cliff Swain

7320 Saint Ives Way #4204

(P.O. Box NOT acceptable)

Naples, FL ~~34114~~ 34104

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TALLAHASSEE, FLORIDA

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.

Cliff Swain
(Signature of an officer or director)

Cliff Swain Vice President
(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.

Cliff Swain
(Signature of Registered Agent)

6/19/07
(Date)

If signing on behalf of an entity:

Cliff Swain
(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)