

To:

Page: 2 of 3

2024-02-19 13:06:22 CST

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From: Alexis Gregor

2/19/24, 1:04 PM

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

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Email Address: nbarker@renderotrust.com

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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REGISTERED AGENT CHANGE CI NAPLES MANAGEMENT, INC.

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Help

H24000067345 3

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: CI Naples Management, Inc.
2. The principal office address: 2550 Goodlete Rd. N., Naples, Florida 34103
3. The mailing address (if different): 3665 East Bay Drive Suite 204 MB 435, Largo, FL 33771
4. Date of incorporation/qualification: 8/2/2006 Document number: P06000101303
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)
Thomas Drumm
999 Vanderbilt Beach Rd, #507
Naples, Florida 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Business Filings Incorporated
1200 South Pine Island Road
Plantation, Florida 33324
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.

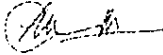
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

William Thomas, 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.


 Signature of Registered Agent

5th day of February, 2024

Date

If signing on behalf of an entity:

Chris Das, AVP

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
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