## PO6000/52410

(Re	equestor's Name)			
(Ac	ddress)	-		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	<del>)</del> #)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				

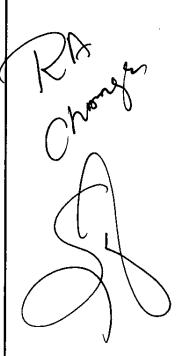
Office Use Only



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SECRETARY OF STATE
TALL AHASSFE, FLORIO



## **COVER LETTER**

10:	Division of Corporations	
SUBJE	CT: Naples Marble Designs, Inc	
	(Name of Co	rporation)
DOCU	MENT NUMBER: P06000152410	
The enc	losed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter t	to the following:
		5
	Allen Foy	
	(Name of Cont	act Person)
	Naples Marble Designs, Inc	
	(Firm/Con	npany)
	218 Burnt Pine Dr (Addre	
	(Addre	38)
	Naples, FL 34119	
	(City/State and	Zip Code)
For furth	ner information concerning this matter, please ca	11:
Allen Fo	ру	at ( 239 ) 821 6426
	(Name of Contact Person)	at (239 ) 821 6426 (Area Code & Daytime Telephone Number)
Enclose	d is a \$35.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 6 ange is submitted for a corporation er to change its registered office or	organized under the laws o	of the State of Flo	orida	_
	the corporation: Naples Marble De		r ine state of 1 wi	uu.	
	office address: 218 Burnt Pine Dr				
3. The mailing	address (if different): 218 Burnt Pi	ne Dr Naples FL 34119			
4. Date of incor	poration/qualification: 1/1/2007	Document num	ber: P06000152	2410	
	d street address of the current regist rtment of State:	tered agent and registered of	ffice on file with t	he	
	Robert Royston				
	12670 New Brittany Blvd,	Suite 101			
	Fort Myers, FL 33907				
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or	registered office	OT APR	
	Allen Foy			13	j
	218 Burnt Pine Dr Naples	FL 34119		E FF S	\$ B B
	(P.O. Box NOT acc	ceptable)		7: 33 STATE LORIE	The same of the sa
The street addre	ess of its registered office and the be identical.	street address of the busine	ess office of its re	egistered agen	ıt,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directen notified in writing of the	ctors or by an off ne change.	ficer so	
(Signati	ure of an officer or director)	ALLEN	For typed name and title)		-
	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this ch	ent and agree to act in this ll statutes relative to the pr he obligation of my position e in the registered office ac hange.	capacity, roper and comple n as registered a idress, I hereby c	ete performan gent. Or, if the confirm that th	ce nis ne
Will	J-f-1	4/10	,		
	gnature of Registered Agent)		(Date)		-
- <del>-</del>	chalf of an entity:				
ALLE	Typed or Printed Name)				

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