## P08000049897

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SECRETARY OF STATE OF CORPORATIONS OF LOW AM II: 16

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Robin S. Frank Inc.  Name of Corporation
DOCUMENT NUMBER: P08000049897
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:
Robin 5. Frank Name of Contact Person
Name of Contact Person
Ann T. Frank PA Firm/Company
Firm/Company '
2124 Arport Rd S.
Address
Noples F.1. 34112
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robin Fro-k at (239) 331-1633  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Robin S. Fronk, Inc.
1. The name of the corporation: Robin S. Fronk, Inc.  2. The principal office address: 2124 Airport Rd S. Neples, Fl. 34112
3. The mailing address (if different):
4. Date of incorporation/qualification: 5 19 2008 Document number: P080000 49897
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)
Robin S. Frank
2165 45th St SW 3
Robin 5. Frank  2165 45th 5t SW  Naples Fl. 34116
Apples, Fl. 34116  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Robin 5. Frunk
Robin S. Frynk
P.O. Box NOT acceptable
P.O. Box NOT acceptable
Naples, Fl. 34112
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.
Robin 5. From k Prisident  Signature of an officer or director  Printed or typed name and title
I baraby accept the appointment as registered agent and agree to get 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  7/6/09 Date
, ,
If signing on behalf of an entity:
Robin S. Frank Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATI