

PD8000070443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

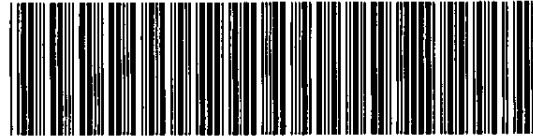
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000227833510

04/09/12--01030--006 **35.00

FILED
12 APR 09 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACharge

APR 10 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Hotel Girls, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000070443

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:

Doug Drake
Name of Contact Person

The Hotel Girls, Inc.
Firm/Company

11888 Ledgerock Court
Address

Fishers, Indiana 46037
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott McCormish at (239) 434-2128
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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Hotel Girls, Inc.
2. The principal office address: 11888 Ledgerock Court, Fishers, Indiana 46037
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/26/2008 Document number: P08000070443
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)

Scott McCormish

648 8th Street North

Naples, Florida 34102

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

Vichy Kalavitis, EA

501 Goodlette Road North - C111

P.O. Box NOT acceptable

Naples, Florida 34102

FILED
12 APR '09 PM 4:00
SECRETARY OF STATE
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.

Scott McCormish

Signature of an officer or director

Scott McCormish - 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.

Vichy Kalavitis

Signature of Registered Agent

4/4/09

Date

If signing on behalf of an entity:

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