P090000583399

(Requestor's Name)				
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PICK-UP WAIT	MAIL.			
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07/27/09--01019--008 **35.00





COVER LETTER

то:	Amendment Section Division of Corporation	ons				
SUBJ	ECT:	Naples Fire Pro	otection Inc.			
DOC	UMENT NUMBER:	P09	000058339			
The er	nclosed Statement of Ch	ange of Registered Offic	e/Agent and fee are subm	itted for filing.		
Please	return all corresponden	ce concerning this matte	r to the following:			
		Kathy Name of Co	Redyk ntact Person			
				·		
		API Pro	cessing			
		Firm/Co	ompany			
	3419 Galt Ocean Drive, Suite A					
	<u> </u>	Add	ress			
		Ft. Lauderdal	e, FL 33308 nd Zip Code			
		City/State a	nd Zip Code			
	 	kathy@apipro	cessing.com			
	E-mail ad	dress: (to be used for t	uture annual report not	ification)		
For fu	orther information conce	rning this matter, please	call:			
	Kathy R		at (954)	567-0013 time Telephone Number		
	Name of Conta	act Person	Area Code & Day	time Telephone Number		
Enclo	sed is a \$35.00 check ma	ade payable to the Depar	tment of State.			
	Ame Divis P.O.	ng Address: ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center Circle		

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

			607.1508, or 617.1508, Flar ed under the laws of the State			_	
in orde	r to change its registered	office or registere	ed agent, or both, in the State	of Florida	L		
	he corporation: Naplet						
2. The principal	office address: 28741 §	South Diesel D	rive				
Bonita Spr	ings, FL 34135		<u> </u>				
3. The mailing a	ddress (if different):	·				 -	
4. Date of incorporation/qualification: 7/8/2009 Document number: P090				00058339			
	I street address of the curr tment of State: (If resigne		nt and registered office on fil	le with the			
	Robert A. DiModica	<u> </u>					•
	360 22nd Avenue	w			SECI	9	
	Naples, FL 34120				AHA	¥	-
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		d office	RY OF	27 PH	רכ		
	Robert A. DiModica	3			STA		
	28741 South Diese				AGE AGE	64	
		P.O. Box NOTe	ecceptable				
	Bonita Springs, FL						
The street address changed will	ess of its registered offic be identical.	e and the street ac	ddress of the business office	of its regi	istered age	ent,	
Such change we authorized by U	as authorized by resolutine loard, or the corporat	on duly adopted l ion has been noti	by its board of directors or be fied in writing of the change	y an offic e.	er so		
· Spartu	re of appointer or director	2	Robert A. DiModi	ca, Pres	ident	_	
I hereby accept I further agree of my duties an accument is bel corporation has	the appointment as regi to comply with the provi ad I am familher with and ing filed merely to reflect then notified in writing	stered agent and sions of all statut accept the oblig t a change in the g of this change.	agree to act in this capacity es relative to the proper an ation of my position as regi registered office address, I			ince this the	
	nature of Registered Agent		7/22/0	9		_	
-	half of an entity:		Dute				
	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)