

P150000048715

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TALLAHASSEE, FLORIDA

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NOV 07 2016

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAPLES CANINE CONCIERGE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000048715

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:

**DEBORAH GRIFFIN**

Name of Contact Person

**SOLDAVINI & CALDWELL CPA PA**

Firm/Company

**5455 JAEGER ROAD**

Address

**NAPLES, FL 34109**

City/State and Zip Code

**DGRIFFIN@NAPLES-CPA.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIANNE HEPP**

Name of Contact Person

at **239 269-7307**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2016

DEBORAH GRIFFIN  
SOLDAVINI & CALDWELL CPA PA  
5455 JAEGER ROAD  
NAPLES, FL 34109

SUBJECT: NAPLES CANINE CONCIERGE, INC.  
Ref. Number: P15000048715

We have received your document for NAPLES CANINE CONCIERGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document is incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 816A00022189

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16 NOV -7 PM 1:26

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Naples Canine Concierge, Inc
2. The principal office address: 4364 Beechwood Lane Drive  
Naples, FL 34112
3. The mailing address (if different): 5455 Jaeger Rd., Naples, FL 34109
4. Date of incorporation/qualification: 6/1/2015 Document number: PI5000048715
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)

HEPP, MARIANNE

4364 BEECHWOOD LANE DRIVE

NAPLES, FL 34112 US

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

GRIFFIN, DEBORAH J

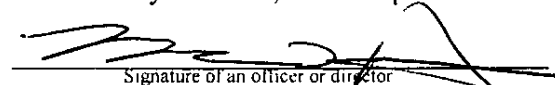
5455 JAEGER ROAD

P.O. Box NOT acceptable

NAPLES, FL 34109 US

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

Marianne L Hepp, DPST

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

8/18/2016

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

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