P15 000070310

(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:			
Special instructions to 1 ming officer.			
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: WDG Architecture NAPLES, Inc. Name of Corporation			
DOCUMENT NUMBER: P18000070310			
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this t	matter to the following:		
Dolores Trapani			
Name of Contact Person			
WDG Architecture NAPLES, Inc			
Firm/Company			
633 Tamiami Trail N., Suite 300			
Address			
Naples, FL 34102			
City/State and Zip Code			
dtrapani@wdg-architecture.cor	m		
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, pl	ease call:		
Dolores Trapani	at (239)594-9778 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the I	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is submitted	d for a corporation organiz	, 607,1508, or 617,1508, Florida wed under the laws of the State of wed agent, or both, in the State of	Florida
	.,		
1. The name of the corporation: WDG Architecture NAPLES, Inc. 2. The principal office address: 633 Tamiami TR N, Suite 300, Naples, Florida 34102			
3. The mailing address (if differ	rent):		
4. Date of incorporation/qualific	cation: August 31, 2018	Document number: P18000)070310
5. The name and street address of Florida Department of State:		ent and registered office on file v)	vith the
John M. Wie	ker, Esq		<u> </u>
12670 New	Brittany Blvd, STE 101		
Ft. Myers, F	L 33907		
6. The name and street address (if changed): Robert Mong		(if changed) and /or registered o	ffice
3470 Bravada	Way		
		NOT acceptable	_
Naples, FL 3	4119		2021
The street address of its registe as changed will be identical.	rred office and the street a	ddress of the business office of	its registered agent.
Such change Mas authorized Mauthorized by the board, or the	v resolution duly adopted corporation has been noti	by its board of directors or by a fied in writing of the change.	n officer so 🗓
- // Kun V		Thomas J. Jones, VP	· ·
Signature of an officer or dir	ector	Printed or typed name and	title 27
I hereby accept the appointment further agree to comply with of my duties, and I am familiar document is being filed merely corporation has been notified in the component of the corporation of the corporation has been notified in the corporation of the corporation has been notified in the corporation has been notified in the corporation of the corporation has been notified in the corporation of the corporation of the corporation has been notified in the corporation of the corporation	the provisions of all statu with and accept the oblig to reflect a change in the	agree to act in this capacity, les relative to the proper and co- ation of my position as register registered office address, I here	implete performanced agent. Or, if this eby confirm that the
mulut Me	ngillo	2/26/2021	
Signature of Registered	Accili	Date	
If signing on behalf of an entity	y :		
Robert Mongillo			
Typed or Printed Nam	e		

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