P95000002991

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
	·	
(C	ity/State/Zip/Phone	#)
PłCK-UP	WAIT	MAIL
(0)	usiness Entity Nam	
a)	usiness Entity Nam	ie)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300262890303

300262890303 08/04/14--01036--025 **35.00

14 AUG -4 AMII: 3

AUG 1 4 2014 C. CANNO 11 11 11 (8)

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Network Support Solution of SW Florida, Inc

Name of Corporation

DOCUMENT NUMBER: P95000002991

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:

Robert J. Hubing

Name of Contact Person

Network Support Solution of SW Florida, Inc.

Firm/Company

220 8th Street S.E.

Address

Naples, FL 34117

City/State and Zip Code

rhubing@networksupport.net

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

For further information concerning this matter, please call:

Robert J. Hubing

239 (649-

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u> Mailing Address:</u>

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

1. The name	r Softhe corporation: Network S	support Solution of SW Florida, Inc.	
2. The princ	inal office address: 220 8th St	reet S.E., Naples, FL 34117	
÷ 18	•		
3. The maili	ng address (if different): 220 8th	n Street S.E., Naples, FL 34117	
4. Date of in	corporation/qualification: Janua	ary 9, 1995 Document number: P95000002991	
	and street address of the current repartment of State: (If resigned, er	registered agent and registered office on file with the nter resigned)	
٠.	Robert J. Hubing		
	4760 Tamiami Trail N. Suite 23 (Note this office has moved)		
•	Naples, FL 34103		
6. The name (if change		istered agent (if changed) and /or registered office	
	220 8th Street S.E.		
	Naples, FL 34117	P.O. Box NOT acceptable	
The street as changed	ddress of its registered office and will be identical.	the street address of the business office of its registered ag	
Such change authorized b	e was authorized by resolution du by the board, or the corporation has	lly adopted by its board of directors or by an officer so as been notified in writing of the change.	
1	exposin	Robert J. Hubing President	
`	gnature of an officer or director rept the appointment as registered ree to comply with the provisions to of my duties, and I am familiar of this document is being filed men from that the corporation has been	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I a notified in writing of this change.	
	et pari	July 30, 2014	
N			

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