# P95000064878

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLA

C.P. Burke, Inc.
2782 Olde Cypress Drive
Naples, Florida 34119


Ms. Carol Mustain
Document Specialist
Amendment Section
Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Mustain:

We are enclosing a Statement of Change of Registered Office/Agent in response to your letter of December 16, 2004. We have no record of receiving your letter regarding your intent to administratively dissolve our Corporation and called your office on December 21, 2004 for guidance regarding how to undo the dissolution. The enclosed package is a result of the guidance we received.

We appreciate your help and apologize for any inconvenience we have caused. Our KDN Printing (our DBA) check for $35.00 is also enclosed.

Please call 239 262 1737 if there are any questions.


Thank you;


Charles P. Burke

# COVER LETTER

**TO:**  Amendment Section
Division of Corporations

**SUBJECT:** _C. P. Burke, Inc_
(Name of corporation)

**DOCUMENT NUMBER:** _P 950000 64878_

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:

_Charles P. Burke_
(Name of contact person)

_C.P. Burke, Inc._
(Firm/Company)

_2782 Olde Cypress Dr._
(Address)

_Naples, FL 34119_
(City/state and zip code)

For further information concerning this matter, please call:

_Charles Burke_ at ( _239_ ) _262-1737_
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

# 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: __C. P. Burke, Iwc__

2. The principal office address: __423 9th St. North__
__Naples, FL 34102__

3. The mailing address (if different): _____

4. Date of incorporation/qualification: __8/23/95__   Document number: __P 95000064878__

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

__John Pavlich III__

__Pavlich Slack + Wolff, P.A.__

__5147 Castello Drive__

__Naples, Florida 34102__

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

__Charles P. Burke__

__2782 Olde Cypress Drive__
(P.O. Box NOT acceptable)

__Naples, FL. 34119__

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.

_____   __C.P. Burke   President__
(Signature of an officer or director)   (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.*

_____   __12/22/04__
(Signature of Registered Agent)   (Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name)

***FILING FEE: $35.00***