

P96 000069090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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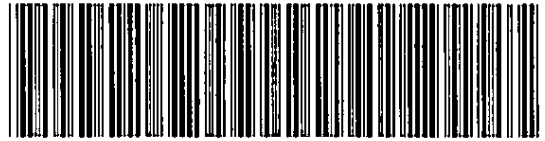
(Business Entity Name)

(Document Number)

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2021 SEP 20 AM 10:28  
STATE OF OHIO  
FALLS CHURCH, OHIO

A. Butler  
10/21/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOUBLETREE BUILDERS & ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P96000069090

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:

ANDREA INMAN

Name of Contact Person

DOUBLETREE BUILDERS & ASSOCIATES, INC

Firm/Company

10391 RIVER DRIVE

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

INMANDBL@AOL.COM

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

For further information concerning this matter, please call:

ANDREA INMAN

Name of Contact Person

at (239) 248-9264

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: DOUBLETREE BUILDERS & ASSOCIATES, INC
2. The principal office address: 10391 RIVER DRIVE, BONITA SPRINGS, FL 34135
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/15/1996 Document number: P96000069090
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)

AUSTIN, ARLENE F.P.A

5811 PELICAN BAY BLVDSTE 201

NAPLES, FL 34108

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

ANDREA INMAN

10391 RIVER DRIVE

P.O. Box NOT acceptable

BONITA SPRINGS, FL 34135

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2021 SEP 20 AM 10:28

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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.

Andrea Inman  
Signature of an officer or director

ANDREA INMAN PRESIDENT  
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.

Andrea Inman  
Signature of Registered Agent

9.17.21  
Date

If signing on behalf of an entity:

ANDREA INMAN  
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  
CR2E045 (04/13)