

P96000096023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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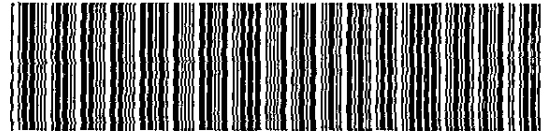
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307

*R.A. Chong*  
C. Coulllette APR 19 2005

**The Schweikhardt Law Firm, P.A.**

**Benjamin T. Jepson  
Katherine Ann Schweikhardt  
William Schweikhardt**

**900 Sixth Avenue, South  
Naples, FL 34102  
(239) 262-2227  
Facsimile (239) 262-8287**

April 11, 2005

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: La Quinta Homes of S.W. FL., Inc.

Dear Ladies/Sirs:

Enclosed for filing is the original Statement of Change of Registered Agent for La Quinta Homes of SW Florida, Inc. Also enclosed is a check in the amount of \$35.00, made payable to the Florida Department of State to cover the filing fee. Please file this document at your earliest convenience.

Kindest regards.

Very truly yours,

A handwritten signature in cursive script, reading "Becky Armstead". The signature is written in dark ink and is positioned above the typed name of the signatory.

Becky Armstead, Legal Assistant to  
Katherine Ann Schweikhardt

KAS/ba  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Quinta Homes Of SW Florida, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P96000096023

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:

Katherine Ann Schweikhardt  
(Name of contact person)

The Schweikhardt Law Firm, P.A.  
(Firm/Company)

900 Sixth Avenue South, Suite 203  
(Address)

Naples, FL 34102  
(City/state and zip code)

For further information concerning this matter, please call:

Katherine Ann Schweikhardt

(Name of contact person)

at ( 239 ) 262-2227

(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

**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: La Quinta Homes of SW Florida, Inc.
2. The principal office address: 2861 4th Street Northwest, Naples, FL 34120
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/20/96 Document number: P96000096023
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Carlos Morales

2861 4th Street Northwest

Naples, FL 34120

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

Katherine Ann Schweikhardt

900 Sixth Avenue South, Suite 203

(P.O. Box NOT acceptable)

Naples, FL 34102

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)

Carlos Morales, 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.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL 32304