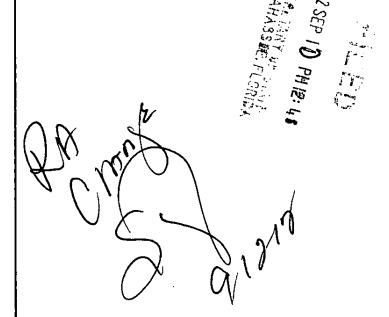
P98000)2549

(Re	equestor's Name)	
(Ád	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Numbér)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use O	nlv



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09/10/12--01018--017 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DRACKETT/OTT CAPITAL MANAGEMENT, INC.

Name of Corporation

DOCUMENT NUMBER: P98000025049

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:

Joe Cox

Name of Contact Person

Cox & Carlson

Firm/Company

1185 Immokalee Road Ste. 110

Address

Naples, FL 34110

City/State and Zip Code

jcox@coxcarlson.com

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

For further information concerning this matter, please call:

George Mantzidis

239 \438-4609

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: DRACKETT/OTT CAPITAL MANAGEMENT, INC.	
 The name of t The principal 	office address: 3940 PROSPECT AVE. #102 NAPLES FL 34104 US	•
3. The mailing a	nddress (if different): Same	
4. Date of incom	poration/qualification: 03/17/1998 Document number: P98000025049	
	d street address of the current registered agent and registered office on file with the remember of State: (If resigned, enter resigned)	
,	Resigned	
	2	
	70.72	
		₩.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
(ii changea).	George Mantzidis, 1185 Immokalee Road, Ste. 110, Naples, FL 34110	
		ų,
	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Ohe	a 5. a Chad W. OTT Vice Presiden Chad W. OTT Vice Presiden Printed or typed name and title	1
_		
I hereby accept I further agree (performance of agent. Or, if thi hereby confirm	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete inv duties, and I am familiar with and accept the obligation of my position as registered its document is being filed merely to reflect a chunge in the registered office address, I that the corporation has been notified in writing of this change.	
Lion	res Mantinidia 9/5/12	
If signing on bel	chalf of an entity:	
Ty	yped 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 (03/12)