

P9800025049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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Change
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9/12/12

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

Name of Contact Person

239 438-4609

at () 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

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: DRACKETT/OTT CAPITAL MANAGEMENT, INC.
2. The principal office address: 3940 PROSPECT AVE. #102 NAPLES FL 34104 US
3. The mailing address (if different): same
4. Date of incorporation/qualification: 03/17/1998 Document number: P98000025049
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)

Resigned

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

George Mantzidis, 1185 Immokalee Road, Ste. 110, Naples, FL 34110

P.O. Box NOT acceptable

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.

Chad N. Ott

Signature of an officer or director

Chad N. OTT Vice 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.

George Mantzidis

Signature of Registered Agent

9/5/12

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
CR2E045 (03/12)

2012 SEP 10 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA