

P99000077117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

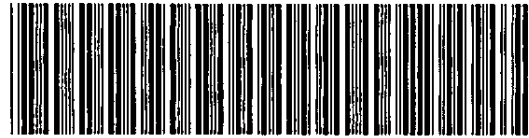
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 28 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2013

RONALD E. YON / MAGNUM OPUS OF NAPLES, INC.
8393 NORTHAMPTON CT.
NAPLES, FL 34120

SUBJECT: MAGNUM OPUS OF NAPLES, INC.
Ref. Number: P99000077117

We have received your document for MAGNUM OPUS OF NAPLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 413A00019400

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magnum Opus of Naples, Inc.
Name of Corporation

DOCUMENT NUMBER: Registered Agent

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:

Ronald E. Yon
Name of Contact Person
Magnum Opus of Naples, Inc.
Firm/Company
8393 Northhampton Ct.
Address
Naples, FL 34120
City/State and Zip Code
ronyon2006@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald E. Yon at 239 348-0984
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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Magnum Opus of Naples, Inc.
2. The principal office address: 8393 Northhampton Ct. Naples, FL 34120
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1999 Document number: P99000077117
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)

CT Corporation

1200 South Pine Island Road

Plantation, FL 33324

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

Ronald E. Yon

8393 Northhampton Ct.

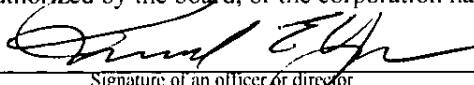
P.O. Box NOT acceptable

Naples, FL 34120

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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.

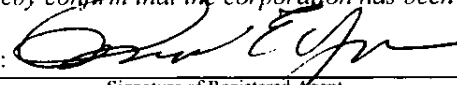


Signature of an officer or director

Ronald E. Yon

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.

By: 

Signature of Registered Agent

June 24, 2013

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)