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SECRETARY OF STATE DIVISION OF CORPORATION

ZIA charge M/14/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Naples Software, Inc.			
	(Name of corporation)		
DOCUMENT NUMBER: P0100	00036728		
The enclosed Statement of Change	of Registered Office/Agent and	fee are submitted for fili	ng.
Please return all correspondence co	oncerning this matter to the follo	wing:	
C. M. Ashton			
(Name of per	son)		
Naples Software, Inc.			
(Name of firm/co	mpany)		" F
733 Willowhead Dr.			
(Address)		_	
Naples, FL 34103-3543		,	
(City/state and zip	code)	v₽.	= = =
For further information concerning	this matter, please call:		,
C. M. Ashton	ot / 678 \ 592	2-4567	-
(Name of person)	(Area code & dayt	2-4567 time telephone number)	. =
Enclosed is a \$35.00 check made pa	ayable to the Department of Stat	te.	
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 th	e provisions of sec	uons 607.0302, 6	17.0302, 007.1308	s, or 017.130	8, Fioriaa Sta	tutes,
this statement of Florida	of change is submitt in order to		ion organized unde ered office or regis	-	-	State
of Florida.						
1. The name of	the corporation:_N	aples Software, In	<u>c. </u>	·	. ,	
	l office address: 73			3543		<u> </u>
					5-3	<u>=</u>
3. The mailing	address (if different	:):			TASES	
<u></u>			···		mo	玉
4. Date of incom	poration/qualificati	on: 4/6/01	Docum	ent number: _	P0100003679	1
	d street address of t rtment of State:	he current registe	red agent and regis	tered office o	n file with the	7 +
	C. M. Ashton				<u>.</u>	
	197 Skipping Ston	e Lane				
	Naples, FL 34119					
6. The name a changed):	nd street address of	f the new registe	red agent (if chan	ged) and /or	registered office	ce (if
	733 Willowhead Dr.					
	Naples, FL 34103-3	(P.O. Box or personal ma	ilbox NOT acceptable)			
The street addr agent, as chang	ess of its registered ed will be identical	office and the st	reet address of the	business offi	ce of its regist	ered
Such change w authorized by t	as authorized by re- he board, or the cor	solution duly ado poration has bee	pted by its board of inotified in writin	of directors or ig of the chan	r by an officer ige.	so
, .	, chairman or vice chairman		*	typed name and title	-,	T
I hereby accept I further agree performance of registered ager office address,	the appointment a to comply with the my duties, and I a t. Or, if this docun I hereby confirm th	s registered agen provisions of all m familiar with a nent is being filed at the corporatio	t and agree to act statutes relative to nd accept the obli i merely to reflect n has been notifie	in this capac the proper a gation of my a change in t d in writing o	ity. and complete position as he registered of this change.	
CHIA.	ignature of Registered Agen	*\	7/7/200	23		
If signing on beha	• •	n)		(Date)		
(Typed or Printed Name)			(Capacity)		-

* * * FILING FEE: \$35.00 * * *