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SECRETARY OF STATE  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Naples Software, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P01000036728

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:

C. M. Ashton  
(Name of person)

Naples Software, Inc.  
(Name of firm/company)

733 Willowhead Dr.  
(Address)

Naples, FL 34103-3543  
(City/state and zip code)

For further information concerning this matter, please call:

C. M. Ashton at ( 678 ) 592-4567  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

