271801

(Red	uestor's Name)	
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
		,	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
	•		

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lA Change News



09/12/06--01007--014 **35.00

COVER LETTER

Division of Corporations				
SUBJECT: Collier Land & Cattle Corporation (Name of Corporation)				
DOCUMENT NUMBER: 271801				
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:				
	-			
Sandra Mahoney				
(Name of Contact Person)				
Collier Enterprises Management, Inc. (Firm/Company)				
(Fini/Compan	y)			
2002 Tamiami Trail North Cuita 400				
3003 Tamiami Trail North, Suite 400 (Address)				
Naples, FL 34103				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gail Kowatch	239 \ 261-4455			
(Name of Contact Person)	(239) 261-4455 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee El 32301			

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

statement of char	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
		& Cattle Corporation		
2. The principal office address: 3003 Tamiami Trail North, Suite 400, Naples, FL 34103				
3. The mailing ad	dress (if different):			
4. Date of incorp	oration/qualification: 7/12/6	08 Document number: 271801		
5. The name and Florida Depart		ered agent and registered office on file with the		
	Robert D.	Corina 49 8		
3003 Tamiami Trail North, Suite 400				
	Naples, FL 34103			
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office		
	Eleanor V	V. Taft		
	(P.O. Box NOT acceptable)			
The street addres as changed will b	es of its registered office and the	street address of the business office of its registered agent,		
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
(Signature	e of an officer or director)	Thomas E. Conrecode - VP		
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered ag o comply with the provisions of a I I am familiar with and accept to g filed merely to reflect a chang been notified in writing of this cl	ent and agree to act in this capacity. ll statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the lange.		
THAT!		SEP - 8 2006		
If signing on beh	alf of an entity:	(Date)		
(Ту	rped or Printed Name)			

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