Division of Corporations Electronic Filing Cover Sheet

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(((H240000684163)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

Fax Number : (608)827-5501

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nharker@renderotrust.com

REGISTERED AGENT CHANGE COLLIER LAND AND CATTLE CORPORATION

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Help

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

4		562, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida		
		istered agent, or both, in the State of Florida.	-	
1. The name of t	the corporation:Collier Land and Ca	tile Corporation		
2. The principal	office address: 2550 Goodlette Rd. N	., Naples, Florida 34103		
		rive Suite 204 MB 435, Largo, FL 33771		
4. Date of incorp	poration/qualification: 7/12/1963	Document number: 271801		
	l street address of the current registered turent of State: (If resigned, enter resig	d agent and registered office on file with the med)		
	Drumm, Thomas J.			
	Nonles El 34108			
6. The name and (if changed):	l street address of the new registered a	gent (if changed) and for registered office		
	Business Filings Incorporated			
	1200 South Pine Island Road		_	
		Bon NOF acceptable III	2024 FEB	
		F:	33.3	
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its registered ag	CIII. (2)	CLE CO
Such change was authorized by the	ns authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer son contribution of the change.	A	77
(~	non	William Thomas, Vice President	ي.	
I hareby accept I further agree to of my duties, an document is bei corvoration has	te of an officer of director the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed marely to reflect a change in s ocen notified in writing of this chang	Printed or typed minue and title and agree to act in this capacity. Intuites relative to the proper and complete performe obligation of my position as registered agent. Or, if the registered office address, I hereby confirm that ge.	ance this the	
(Mark	- 	5th day of February, 2024		
•	namie of Registered Agent	Due		
If signing on be Chris Das, AVI	half of an emity: P			
•	speed or Printed Name			
••	•	FEE: \$35.00 * * *		
N1.		FLORIDA DEPARTMENT OF STATE , P.O. BOX 6327, TALLAHASSEE, FL 32314		

CR2E015 (04/13)