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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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COVER LETTER

_	tion Section of Corporations		
SUBJECT:	FISCHER + COLLI	NS INVESTMENT	s LLC
	Name of Emitted 1	Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ELIZA	BETH FISCHER Name of Person		SELEVITAL SELEVITAL TIME BIRE
<u>Laction</u>	Firm/Company	NT LLC	2: C C C C C C C C C C
4641	NE LEVEL WAY Address		20
FORT M.	1ERS, FL. 33905 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ELIZPISETH FISCHER at (239) 945 2556 Name of Person Area Code & Daytime Telephone Number			
Registrati Division o Clifton Bi 2661 Exec	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Pioriaa.	
1. Name of the limited liability company: FISCHE	R + COLLINS INVESTMENTS LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	FORT MYERS FL 33905
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FORT MYERS FL 33905
06/01/2001	L01000009028
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	**************************************
Registered Agent:	CHRISTINE F. WRIGHT !
Registered Office Address:	2735 SANTABARBARA BLVD. SULTE 201 CAPE CORAL FESSA14
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	MELVINO WROTEN
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	FORT MYERS,FL33905
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
WALTER FISCHER	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00