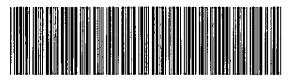
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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5. YOUNG



COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Treiser & Collins, P.L.					
		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning	g this matter to the	following:			
Thomas A.	Collins, II					
	Name of Person		_			
c/o Thornton	n Law Firm					
-	Firm/Company					
7400 Trail F	Blvd., Suite 121					
	Address					
Naples, FL	34108					
	City/State and Zip Coc	le	_			
tcollins@sw	flalaw.com					
E-ma	il address: (to be used for future	annual report notif	ication)			
For further	information concerning this mat	tter, please call:				
Thomas A.	Collins. II	239 at (298-8383			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di P.0	ailing Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	closed is a check for the follow \$25 Filing Fee	-	55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

L N	ame of the limited liability company: Treiser & Collins.	. ľ.l 		
2. (a)	2890 66th Street, SW	(b) 7400 Trail Blvd., Suite 121		
(==,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Naples, FL 34105	<u>Na</u>	laples, FL 34108	
	03/26/2002		2000007169	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Thomas A. Collins, II			
/. (u)	Registered Agent and Registered Office shown on the records of 3080 Tamiami Trail East	the Florida Dep	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2021 JAN 1	
	Naples, FL	34112		
(b)	CAPPAN D	1 OSE 11	PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7400 Trail Blvd., Suite 121	Office addres		
	NEW Registered Office Address:			
	Naples FI	34108		
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered o ability comp of the limited limited liabi	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company.	
Ci	ature of a member or authorized representative of a member	Thomas	S A. Collins, II, Member Printed or typed name of signee	
I I	the of a member of authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a first thing of this change.	ree to act in t performance d for in Chaj hereby confit	this agreement. I fouther agree to comply with the	