

L10000017731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

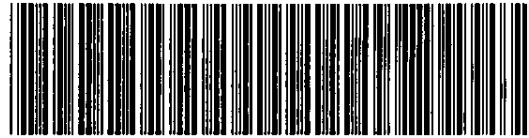
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 24 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**                     COLLIMA INVESTMENT GROUP LLC                      
Name of Limited Liability 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:

                    MARY R. COLLINS                      
Name of Person

                    COLLIMA INVESTMENT GROUP LLC                      
Firm/Company

                    4143 HWY 441 SOUTH LOT 14                      
Address

                    OKEECHOBEE, FL 34974                      
City/State and Zip Code

                    collima@windstream.net                      
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

                    MARY R. COLLINS                     at (           229           )                     310-0398                      
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$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 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.*

1. Name of the limited liability company: COLLIMA INVESTMENT GROUP LLC

2. (a) Principal office address of limited liability company: 4143 HWY 441 SOUTH

**(Note: MUST BE STREET ADDRESS)**

LOT 14  
OKEECHOBEE, FL 34974

(b) Mailing address of limited liability company: 4143 HWY 441 SOUTH

**(Note: MAY BE POST OFFICE BOX)**

LOT 14  
OKEECHOBEE, FL 34974

FEBRUARY 16, 2010  
3. Date of filing/registration in Florida

L10000017731  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent: RICHARD L. PARKER

Registered Office Address: 417 MAGNOLIA AVE.

MELBOURNE, FL 32951

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** MARY R. COLLINS

**NEW Registered Office Address:** 4143 HWY 441 SOUTH

**(MUST BE FLORIDA STREET ADDRESS)** LOT 14

OKEECHOBEE, FL 34974

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary R. Collins  
Signature of a member or authorized representative of a member

MARY R. COLLINS

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mary R. Collins  
Signature of Registered Agent

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

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2010 FEB 21 PM 1:08  
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SECRETARY OF STATE