## 4/0000017731

	(Requestor's Name)	
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	(Address)	
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(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Eiling Officer		
Special Instructions to Filing Officer:		
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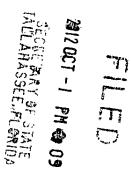
Office Use Only

**EXAMINER** 



100238186271

10/01/12--01030--012 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
	VESTMENT GROUP LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
MARY R. COLLINS	22 D
Name of Person  COLLIMA INVESTMENT GROUP I	ALLAHASSEE. FLER
Firm/Company	LLC PH 30 05
2501 S. E. 6TH AVENUE Address	
OKEECHOBEE, FL 34974 City/State and Zip Code	<del> </del>
MARYC4143@GMAIL.COM E-mail address: (to be used for future annual report notified)	fication)
For further information concerning this matter,	please call:
MARY COLLINS  Name of Person	at ( 229 ) 310-0398  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:COLL	IMA INVESTMENT GROUP LLC
2. (a) Principal office address of limited liability compa	mary Collins/Collina inves
(Note: MUST BE STREET ADDRESS)	2501 S.E. 6TH AVENUE OKEECHOBEE, FL 34974
(b) Mailing address of limited liability company:	MARY COLLINS
(Note: MAY BE POST OFFICE BOX)	2501 S.E. 6TH AVENUE OKEECHOBEE, FL 34974
OCTOBER 24, 2011	L10000017731
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	
Registered Agent:	MARY R. COLLINS
Registered Office Address:	2501 S.E. 6TH AVENUE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MARY R. COLLINS 2501 S.E. 6TH AVENUE OKEECHOBEE ,FL34974
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited
MARY R. COLLINS	<del></del>
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand 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 compositions.	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 nerely reflect a change in the registered office any has been notified in writing of this change.

Signature of Registered Agent