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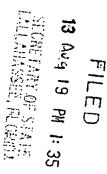
(Re	equestor's Name)	· . <u>.</u>
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \(\frac{\frac{100}{200}}{\frac{100}{200}} \) in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: THE COLLIER FAMILY of Florida Charity, Inc.
2. The principal office address: 3942 MESA AUE
SARASOTA, FL 34233
3. The mailing address (if different): PO BOX 17218
SARASOTA, FL 34276
4. Date of incorporation/qualification: June 18, 2009 Document number: Will Nogomo 5849
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NICKOLAS J. SPRADLIN
12000 N. DALE MABRY HWY, STE 110
TAMPA, FL 33618
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
BRYANT L. UOLLIFR 5 5
39H2 MESA AVE. TO BO BON NOT acceptable
SARASOTA, FL 34233
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Bygnet X. Collin BRYANT L. COLVIER Printed or typed name and title
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 obligation of my position as registered agent. Or. if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Bujanted Allie August 17, 2013 Date
If signing on behalf of an entity:
BRYANT L. COLLIER Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)