

PO9000042565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

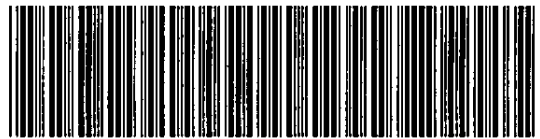
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DIVISION OF STATE  
SECRETARY OF STATE  
CORPORATIONS

Roberts OCT 22 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLINA RECOVERY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P09000042565

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph Singleton  
Name of Contact Person

Colina Recovery, Inc.  
Firm/Company

529 Versailles Dr., Suite 200  
Address

Maitland, FL 32751  
City/State and Zip Code

cmc529v@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Singleton at ( 407 ) 644-9811  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Colina Recovery, Inc.
2. The principal office address: 529 Versailles Dr., Suite 200, Maitland, FL 32751
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/13/09 Document number: P0900042565
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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ralph Singleton

529 Versailles Dr., Suite 200

P.O. Box NOT acceptable

Maitland, FL 32751

FILED  
STATE  
DIVISION OF CORPORATIONS  
09 OCT 19 AM 11:29

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.

[Signature]  
Signature of an officer or director

Ralph Singleton, V.P.  
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.

[Signature]  
Signature of Registered Agent

10-14-09  
Date

If signing on behalf of an entity:

Ralph Singleton  
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 (8/05)