

796000011556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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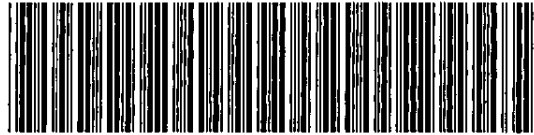
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Collier Consultants, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000011556

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:

Susan K. Griz
(Name of Contact Person)

Collier Consultants, Inc.
(Firm/Company)

3683 Recreation Ln.
(Address)

Naples, FL 34116
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan K. Griz at (239) 272-3336
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2008

SUSAN K. GRIZ
COLLIER CONSULTANTS, INC.
3683 RECREATION LANE
NAPLES, FL 34116

SUBJECT: COLLIER CONSULTANTS, INC.
Ref. Number: P96000011556

We have received your document for COLLIER CONSULTANTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 608A00053206

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

1. The name of the corporation: Collier Consultants, Inc.
2. The principal office address: 3683 Recreation Ln.
Naples, FL 34116
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/2/96 Document number: P96000011556
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)

William M. Griz
3683 Recreation Ln
Naples, FL. 34116

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

Susan K. Griz
3683 Recreation Ln
(P.O. Box NOT acceptable)
Naples, FL. 34116

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TALLAHASSEE, FLORIDA

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)

William M. Griz, President
(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)

Susan K. Griz, Registered Agent
(Date)

If signing on behalf of an entity:

alkfjsaljdkfj
(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 32304

CR2E045 (8/05)

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