567228

(Requestor's Name)			
·			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	1		
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Office Use Only



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SEGNETARY OF STATE
FALLAHASSEE, FLORING

COVER LETTER

Division of Corporations				
SUBJECT: Collier's Realty Group, Inc. (Name of Corporation)	on)			
DOCUMENT NUMBER: S67228	.			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Sandra Mahoney				
(Name of Contact Person)				
Collier Enterprises Management, Inc. (Firm/Company)				
(
3003 Tamiami Trail North, Suite 400				
(Address)				
Naples, FL 34103				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gail Kowatch at (239 261-4455 rea Code & Daytime Telephone Number)			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
	Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

statement of cha	nge is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, this ranized under the laws of the State of Florida
	r to change its registered office or reg he corporation: Collier's Realty	istered agent, or both, in the State of Florida. Group, Inc.
2. The principal	office address: 3003 Tamiami Trai	North, Suite 400, Naples, FL 34103
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification; 7/18/91	Document number: S67228
5. The name and Florida Depart		d agent and registered office on file with the
	Robert D. Co	orina TALLA
	3003 Tamiami Trail N	lorth, Suite 400
	Naples, FL 3	
6. The name and s (if changed):	street address of the new registered a	gent (if changed) and /or registered office
	Eleanor W.	Taft
	(P.O. Box NOT accepta	ble)
as changed will	be identical.	eet address of the business office of its registered agent,
authorized by th	e board, or the corporation has been	notified in writing of the change.
(Signatu	re of apportinger or director)	Thomas J. Flood - P/D (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent of comply with the provisions of all so all and accept the congress of the congress of the congress of this change in the control of this change in the congress of this change of the congress o	and agree to act in this capacity. tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
\mathcal{A}	(47)	SEP - 8 2006 .
If signing on bel	habife of Registered Agent)	(Date)
3-06 011 001		
(T	yped 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)