

NO8000008451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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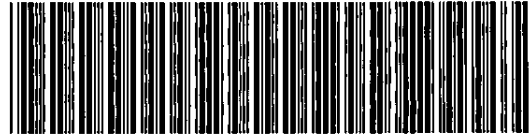
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Recharge

APR 10 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 18201 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: NO80 00008451

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:

KENNETH DREYFUSS
Name of Contact Person

ARNSTEIN & LEHR, LLP
Firm/Company

200 SOUTH BISCAYNE BOULEVARD, SUITE 3600
Address

MIAMI, FLORIDA 33131-2395
City/State and Zip Code

KRDREYFUSS@ARNSTEIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH DREYFUSS at (305) 357-5547
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: 18201 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 18201 COLLINS AVENUE, SUNNY ISLES BEACH, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9-9-2008 Document number: N08000008451
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)

KENNETH DREXFUSS
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FLORIDA 33134

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

KENNETH DREXFUSS
200 SOUTH BISCAYNE BOULEVARD, SUITE 3600
P.O. Box NOT acceptable
MIAMI, FLORIDA 33131-2395

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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

KENNETH DREXFUSS, ATTORNEY IN FACT
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

3-22-2012
Date

If signing on behalf of an entity:

KENNETH DREXFUSS
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)