

V-23150 FAX NO.

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REGISTERED AGENT CHANGE
1651 NORTH COLLINS CORP.

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Dr

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: 1651 NORTH COLLINS CORP.
2. The principal office address: VIA CANTOALE
6934 BIOGGIO, SWITZERLAND
3. The mailing address (if different): C/O BRIAN L. BAKER CPA, P.A.
2665 S. BAYSHORE DR., SUITE 220, MIAMI FLORIDA 33133
4. Date of incorporation/qualification: MARCH 19, 1992 Document number: V23150
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)
B. MACKAY BROWN, ESQUIRE
200 SO. BISCAYNE BLVD., SIXTH FLOOR
MIAMI, FLORIDA 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BARRY D. LAPIDES
C/O BERGER SINGERMAN LLP
P.O. Box NOT acceptable
1450 BRICKELL AVE., SUITE 1900, MIAMI, FL 33131

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.

B. L.
Signature of an officer or director

BARRY D. LAPIDES, SECRETARY
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.

B. L.
Signature of Registered Agent

NOVEMBER 14, 2013
Date

If signing on behalf of an entity:

BARRY LAPIDES
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
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