I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

PRESIDENT

SIGNATURE: LUCA QUADRONI

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V23150

Entity Name: 1651 NORTH COLLINS CORP.

Current Principal Place of Business:

VIA INDUSTRIA 31 6934 BIOGGIO.

Current Mailing Address:

C/O BRIAN L. BAKER CPA, P.A. 2665 S. BAYSHORE DR. SUITE M-103.2 MIAMI, FL 33133 US

FEI Number: 65-0350574

Name and Address of Current Registered Agent:

LAPIDES, BARRY D C/O BERGER SINGERMAN LLP 1450 BRICKELL AVE., SUITE 1900 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E BARRY D. LAPIDES			10/21/2014
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR, PRESIDENT, TREASURER	Title	SECRETARY	
Name	QUADRONI, LUCA	Name	LAPIDES, BARRY D	
Address	VIA INDUSTRIA 31	Address	C/O BERGER SINGERMAN LLP 1450 BRICKELL AVE. SUITE 1900	
City-State-Zip:	6934 BIOGGIO			00
		City-State-Zip:	MIAMI FL 33131	
Title	ASST. TREASURER			
Name	BAKER, BRIAN L.			
Address	C/O BRIAN L. BAKER CPA, P.A. 2665 S. BAYSHORE DR. SUITE M-103.2			
City-State-Zip:	MIAMI FL 33133			

above, or on an attachment with all other like empowered. 10/21/2014

FILED Oct 21, 2014 Secretary of State CC8902245569

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Certificate of Status Desired: No

Date