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(R	equestor's Name)	
(A)	ddress)	
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(C	ity/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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AUG 2 5 2014 C. CARROTHERS

BECKER & POLIAKOFF

Michael C. Góngora, Esq. Shareholder Phone: (305) 260-1014 Fax: (305) 442-2232 mgongora@bplegal.com

121 Alhambra Plaza, 10th Floor Coral Gables, Florida 33134

August 14, 2014

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Re: 421 Collins Building, Inc. Document No. 591205918

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #1503 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

J.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

For the Firm

MCG/ma Enclosure

cc:

421 Collins Building, Inc. c/o Board of Directors

ACTIVE: F05105/090260:6076250_1

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: 421 Collins Building, Inc.
2. The principal	office address: 421 Collins Avenue Miami, FL 33139
3. The mailing a	ddress (if different): P.O. Box 841437 Pembroke Pines, FL 33084
4. Date of incorp	poration/qualification: 02/19/1968 Document number: 591205918
	street address of the current registered agent and registered office on file with the sment of State: (If resigned, enter resigned)
	L.J. Services Group Corp.
	1060 Kane Concourse 200 Bay
	Bay Harbor Islands, FL 33154
6. The name and (if changed):	Bay Harbor Islands, FL 33154 Street address of the new registered agent (if changed) and /or registered office Becker & Poliakoff, P.A., Michael C. Gongora, Esq.
	Becker & Poliakoff, P.A., Michael C. Gongora, Esq.
	121 Alhambra Plaza, 10th Floor
	P.O. Box NOT acceptable Coral Gables, FL 33134
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatui	For an other or director Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. Solution Little of Kegistered Agent
If signing on bel	nalf of an entity:
Ty	ped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/)2)

* * * FILING FEE: \$35.00 * * *