

755549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

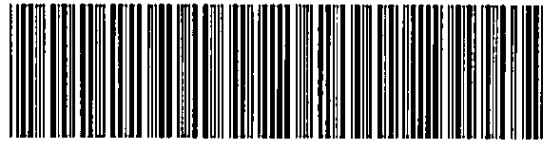
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 26 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLLINS PLAZA CONDOMINIUM ASSOC. , INC.
Name of Corporation

DOCUMENT NUMBER: 755549

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:

Jason Schoenholtz
Name of Contact Person

Trident Real Estate, Inc
Firm/Company

945 Pennsylvania Ave, STE 100
Address

Miami Beach, FL 33139
City/State and Zip Code

Jason@TridentMiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Schoenholtz at (305) 535-7599
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2019

JASON SCHOENHOLTZ
TRIDENT REAL ESTATE INC
945 PENNSYLVANIA AVE - STE. 100
MIAMI BEACH, FL 33139

SUBJECT: COLLINS PLAZA CONDOMINIUM ASSOC. INC.
Ref. Number: 755549

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00025184

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619A00025184

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: COLLINS PLAZA CONDOMINIUM ASSOC., INC.
2. The principal office address: 1334 COLLINS AVENUE MIAMI BEACH FL 33139

3. The mailing address (if different): 945 Pennsylvania Avenue, Suite 100, Miami Beach, FL 31339

4. Date of incorporation/qualification: 12/16/1980 Document number: 755549

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)

LJ SERVICES GROUP

1150 KANE CONCOURSE

BAY HARBOR, FL 33154

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

TRIDENT REAL ESTATE INC

945 PENNSYLVANIA AVENUE, SUITE 101

P.O. Box NOT acceptable

MIAMI BEACH, FL 33139

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.

Emma D. Shanek
Signature of an officer or director

EMMA D. SHANEK PRESIDENT
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

11-4-2019
Date

If signing on behalf of an entity:

Jason Schoenholtz

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 (03/12)

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TALLAHASSEE, FLORIDA