## 1000003049

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EXAMMER

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUB		CT: Collins Avenue Parking, LLC  Name of Limited Liability Company				
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.				
Pleas	e return all correspondence conc	eerning this matter to the following:				
	Michelle Cholodo  Name of Person	fsky				
	Collins Avenue Parkir	ng, LLC				
	5061 Biscayne Bl Address	lvd.	ZÜH DE			
	Miami, FL 3313 City/State and Zip Code		DEC 27 PH			
E	michellec@bartong -mail address: (to be used for future annua	J.COM Proport notification)	PM 3: 5kg			
For fu	urther information concerning th	is matter, please call:				
	Michelle Cholodofsky Name of Person	at ( 305 ) 576-8888  Area Code & Daytime Telephone Number	_			
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the fo	ollowing amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Collins Avenue Parking, LLC		
2. (a) Principal office address of limited liability comp	oany:		
(Note: MUST BE STREET ADDRESS)	5061 Biscayne Blvd Miami, FL 33137		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	5061 Biscayne Blvd. Miami, FL 33137		
01/08/2010	L1000000	3049	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	Karen Atkinson	Manag	
Registered Office Address:	5061 Biscayne Blvd. Miami, FL 33137	03C 110Z	
		78E 7	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>I</b>	NEW Registered Office adda		
NEW Registered Agent:	Michelle Cholodofsky	3 S	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5061 Biscayne Blvd.	5	
	Miami	"FL <u>33137        </u>	
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	e Florida street address of the lentical. Or, in the case of a F e(s) was/were authorized by a	registered office lorida limited in affirmative vote	
Barton G. Weiss Printed or types name of signee	<del></del>		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608 F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability comp	d agree to act in this capacity proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writi	e. I further agree to ance of my duties, as provided for in registered office ng of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00