LH000120794

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SEGRETARY OF STATE

T. Buren OCT _1/2879

COVER LETTER

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TO: Registration Section Division of Corporations					
SUBJECT: Collins 1204, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Alvaro L. Mejer Name of Person					
Mejer Law, P.A.					
Firm/Company					
201 Alhambra Cr Suite 504					
Address					
Coral Gables, FL 33134					
City/State and Zip Code					
amejer@mejerlaw.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Alvaro L. Mejer _{at (} 305) 444-3355					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy					

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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.

I. Na	me of the limited liability company: Collas 1204, LLC			—
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 12300 South Shore Blvd		_
	(Note: MUST BE STREET ADDRESS)	Wellington, FL 33414		_
(b)	Mailing address of limited liability company:	12300 South Shore Blvd		_
	(Note: MAY BE POST OFFICE BOX)	Suite 200		
		Wellington, FL 33414		
10/22/2	011	L11000120794		
3. Da	te of filing/registration in Florida	4. Document number	SEC TALL	ವ
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State	SEP
	Registered Agent:	Alvaro L. Mejer	<i>S</i> <u>1</u> .	ت
	Desistant d Office Address.	Mejer Law, P.A.	ḿ~	0
	Registered Office Address:	2222 Ponce de Leon Blvd PH	 	7
		Coral Gables, FL 33134		==
		114-114-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	25	₹.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	D H	22
	NEW Registered Agent:	Alvaro L. Mejer		
	NEW Registered Office Address:	Mejer Law, P.A.		
	(MUST BE FLORIDA STREET ADDRESS)	201 Alhambra Cr. Suite 504		
		Coral Gables	,FL,33134	_
confirmand the liability the method op	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be identy company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the regi- tical. Or, in the case of a Florid) was/were authorized by an aff	stered office la limited irmative vote	of
	or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability compan	 agree to act in this capacity. I f oper and complete performanc osition as registered agent as pr erely reflect a change in the reg	urther agree t e of my duties, ovided for in istered office	lo ,
(0.	re of Registered Agent	y nas oeen nonjiea in writing oj	inis change.	
SIRURU	Division of Corporations, P.O. Box 63	327. Tallahassee, FL 32314		
	DITISION OF COLPUTATIONS I (O) DUA O			

FILING FEE: \$25.00

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