| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Addiess)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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## **COVER LETTER**

| TO:   | TO: Amendment Section Division of Corporations |   |                      |  |               |  |  |  |  |
|---|--|---|----------------------|--|---------------|--|--|--|--|
| SUBJECT: The Collins Condominium Association Inc.  Name of Corporation    |  |   |                      |  |               |  |  |  |  |
| DOCU  | IMENT NUI                                      | MBER:   | N040000              | 07340  |               |  |  |  |  |
| The en  | closed Stater                                  | nent of Change of Reg   | istered Office/Agen  | t and fee are submitted for  | filing.       |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |   |                      |  |               |  |  |  |  |
| Darrin Gursky, Esq. Name of Contact Person                                |  |   |                      |  |               |  |  |  |  |
|   |  |   |                      | ,  |               |  |  |  |  |
| Hyman & Mars, LLP   |  |   |                      |  |               |  |  |  |  |
|   |  |   | Firm/Company         | •  |               |  |  |  |  |
| 150 W Flagler Street, #2701   |  |   |                      |  |               |  |  |  |  |
|   | Address  |   |                      |  |               |  |  |  |  |
| Mlami, FL 33130 City/State and Zip Code                                   |  |   |                      |  |               |  |  |  |  |
|   |  |   | City/State and Zip   | Code   | <del></del>   |  |  |  |  |
|   |  | darr  | in@hymanmarsla       | aw.com   | ,<br>         |  |  |  |  |
| E-mail address: (to be used for future annual report notification)        |  |   |                      |  |               |  |  |  |  |
| For fu  | rther informa                                  | tion concerning this m  | atter, please call:  |  |               |  |  |  |  |
|   | Da   | arrin Gursky, Esq.  | at (_                | 305 ) 3' Area Code & Daytime Tel   | 71-4244       |  |  |  |  |
|   | Nan  | ne of Contact Person  | ,                    | Area Code & Daytime Tel  | epnone Number |  |  |  |  |
| Enclos  | sed is a \$35.0                                | 0 check made payable  | to the Department of | of State.  |               |  |  |  |  |
|   |  | Mailing Address<br>Amendment Sec<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FL | ction<br>porations   | Street Address:<br>Amendment Section<br>Division of Corporal<br>Clifton Building<br>2661 Executive Cent<br>Tallahassee, FL 323 | ter Circle    |  |  |  |  |

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

| statement of cha  | nge is submitted for a cor                                       | rporation organize   | 507.1508, or 617.1508, Flo<br>d under the laws of the Sta<br>d agent, or both, in the Sta                    | re of Florida  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. The name of t  | the corporation: The C   | ollins Condor  | minium Association   | n Inc.   |  |  |  |
| • • •   | office address: 6917 Co  |  | CU1-MANAGEMENT   |  |  |  |  |
| 3. The mailing a  | ddress (if different):   |  |  |  |  |  |  |
| 4. Date of incorp   | coration/qualification:  | 07/23/04   | Document number:   | N04000007340   |  |  |  |
|   | I street address of the curr<br>trnent of State: (If resigne     |  | it and registered office on t  | file with the  |  |  |  |
|   | JOSE FUENTES   |  |  |  |  |  |  |
|   | 6917 COLLINS AVENUE, SUITE CU1                                   |  |  |  |  |  |  |
|   | MIAMI BEACH FL   | 33141 US   |  | 30<br>SEE.   |  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |  |  |  |  |  |  |
|   | DARRIN GURSKY,   | ESQ., HYMAN  | & MARS, LLP  |  |  |  |  |
|   | 150 WEST FLAGLE  | ER STREET, #   | 2701   |  |  |  |  |
|   | P.O. Box NOT acceptable  |  |  |  |  |  |  |
| The street address changed will   | MIAMI, FL 33130<br>ess of its registered office<br>be identical. | and the street add   | dress of the business offic  | e of its registered agent,   |  |  |  |
| Such change we authorized by the  | as authorized by resolutione board, or the corporation           | on duly adopted by<br>ion has been notifi  | y its board of directors or<br>ed in writing of the chang  |  |  |  |  |
| Signatu   | e of an officer or director                                      |  | Printed or Typed nair  |  |  |  |  |
|   | (//  | stered agent and a<br>sions of all statute.<br>accept the obliga<br>a change in the r<br>of this change. | gree to act in this capacits relative to the proper artion of my position as regegistered office address, it | y.<br>id complete performance<br>istered agent. Or, if this<br>hereby confirm that the |  |  |  |
|   | half of an entity:   |  | Date   |  |  |  |  |
| Outrin  | Quecky   |  |  |  |  |  |  |
|   | yped or Printed Name   | <del></del>  |  |  |  |  |  |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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