## 140 GOOD 7789

(Requestor's Name)		
Persaud & Nunez 201 North Krome Ave. Suite 200 Homestead, FL 33030		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
,		

Office Use Only

9:104



400133124714

07/28/08--01036--025 \*\*35.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

## STATEMENT OF CHA

## OF REGISTERED OFFICE OR REG. FOR CORPORATIONS

LRED AGENT OR BOTH

Pursuant to the provisions of sections 607,0502, 617,0502 statement of change is submitted for a corporation organiz	zed under the laws of the State of FLORIDA
in order to change its registered office or register	red agent, or both, in the State of Florida.
1. The name of the corporation: THE LOFTS AT COLL	INS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1150B EAST HALLAND	DALE BEACH BLVD., HALLANDALE BEACH. FL 33009
	· · · · · · · · · · · · · · · · · · ·
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/24/2006	Document number: N06000007789
5. The name and street address of the current registered ag Florida Department of State:	gent and registered office on file with the
ROBERT S. LECHTER	
1150B EAST HALLANDALE	BEACH BLVD. 70 3
1150B EAST HALLANDALE BEACH BLVD.  HALLANDALE BEACH. FL 33009	
6. The name and street address of the new registered agen (if changed):  STUART J. NUNEZ, ESQ.,  201 N. KROME AVENUE, S  (P.O. Box. NOT acceptable)  HOMESTEAD, FL 33030  The street address of its registered office and the street	PERSAUD & NUNEZ  SUITE 200  SUITE 200
as changed will be identical.  Such change was authorized by resolution duly adopte authorized by the board, of the corporation has been not been n	
(Signature of an officer or director)	POSEST LECHTER, DIRECTOR
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the object account is being filed merely to reflect a change in the corporation has been motified in writing of this change	nd agree to act in this capacity.  Suites relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address. I hereby confirm that the confirmance is the confirmance and complete performance are confirmance as the confirmance are confirmance as the confirmance are confirmance as the confirmance are confirmance and complete performance and complete performance are confirmance as the confirmance are confirmance are confirmance as the confirmance are confirmance as the confirmance are confirmance are confirmance as the confirmance are confirmance are confirmance as the confirmance are confi
MAKE CHECKS PAYABLE TO FL	EE: \$35.00 * * *  ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314