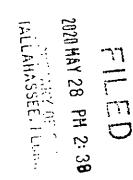
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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## **COVER LETTER**

TO:

FO: Amendment Section Division of Corporations	
Name of Corporation	Condominium Association
DOCUMENT NUMBER: N 14 ()(	0011291
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:
Joshua Krut, Esq.	
Name of Contact Person	
Kopelowitz Ostrow	
Firm/Company	
1 West Las Olas Blvd., Ste. 500	
Address	
Fort Lauderdale, FL 33301	<u></u>
City/State and Zip Code	
krut@kolawyers.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Joshua Krut	at (561 )998-2006
Name of Contact Person	at ( <sup>561</sup> ) 998-2006 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## \*\* 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 <u>F/OV/dQ</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 300 Collins Condominium Assaciation, Inc.  2. The principal office address: 300 Collins, Avenue, Miami Brach, FL
33139
3. The mailing address (if different):
4. Date of incorporation/qualification: 13/10/3014 Document number: 1400001139/
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)
KOP elowitz Ostrow Ferguson Weiselhery billing
Boca Rabn, FL 33432 = ===
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kopelowiz Ostrow/Attn: Joshua Krut, Esq.
1 W. Las Olas Blvd., Ste. 500
r.o. bux NoT acceptable
Fort Lauderdale, FL 33301
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.
Signature of an officer or director  Signature of an officer or director  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 of Registered Agent  OS / 17 / 20 Date
If signing on behalf of an entity:
Typed or Printed Name

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