

N19 000004204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

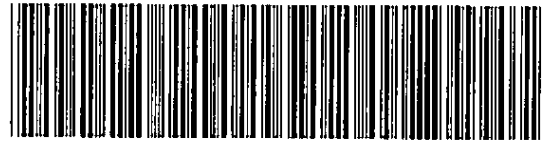
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900376297239

11/08/21--01018--004 \*\*35.00

FILED  
21 NOV -8 AM 9:54  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
NOV 24 2021

# SIEGFRIED RIVERA

Laura M. Manning-Hudson  
lmanning@siegfriedrivera.com

November 1, 2021

**Sent Via U.S. Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 18975 Collins Condominium Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of \$35.00 for the filing of same.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA



Laura Manning-Hudson, Esq.

LMM/kmr  
Enclosures

H:\LIBRARY\CASES\9209\2210452\3XE5610.DOC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 18975 COLLINS CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N19000004204

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:

Jennifer Villanueva, Manager

Name of Contact Person

c/o Altitude Management Group

Firm/Company

18975 Collins Avenue

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

manager@rbacassoc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Villanueva, Manager at (305) 629-1192 x101

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: 18975 COLLINS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: c/o Altitude Management Group, 18975 Collins Avenue,  
Sunny Isles Beach, FL 33160
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/22/2019 Document number: N19000004204

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)

CORPORATE CREATIONS NETWORK, INC.

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, INC.

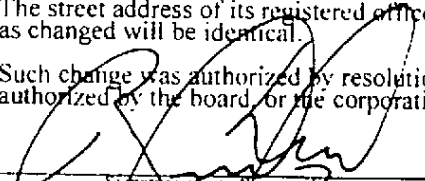
201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

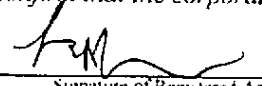
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

BEN KIELMANOWICZ - BOARD PRESIDENT  
\_\_\_\_\_  
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

11/1/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Lisa A Lerner  
\_\_\_\_\_  
Typed or Printed Name

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