## N9300000897

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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RA. Chq.

AUG 23 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amenda Division	nent Section of Corporations					
SUBJECT;	The Collins Center for Name of	or Public Policy, Inc. Corporation				
DOCUMENT N	umber: N9	9300000897				
The enclosed Sta	tement of Change of Registered Off	ice/Agent and fee are submitted for filing.				
Please return all o	correspondence concerning this mat	ter to the following:				
		Bennett				
	Name of C	Contact Person				
		for Public Policy, Inc.				
	Firm/G	Company				
100 N Biscayne Blvd Suite 1900						
		dress				
	Miami l	FL 33132				
City/State and Zip Code						
cbennett@collinscenter.org						
••	E-mail address: (to be used for	future annual report notification)				
For further informa	ation concerning this matter, please	call:				
	Chad Bennett	at ( 305 ) 377-4484 Area Code & Daytime Telephone Number				
Nar	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	00 check made payable to the Depar	tment 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

statement of change is	sions of sections 607.050 s submitted for a corpora hange its registered offic	ation organized un	der the laws of the	State of Floric	la	
	rporation: The Collin					<del></del>
2. The principal office	e address: 100 N Bisca	ayne Bivd Sur	e 1900 Miami,	FL 33132	<del>,</del>	_
3. The mailing address	s (if different):					<del>-</del> -
4. Date of incorporation	on/qualification; 2	2/23/93	ocument number: _	N 4 3000	000 897	<b>-</b> <del>-</del>
5. The name and stree	t address of the current re of State: (If resigned, en	egistered agent an				
Roo	derick N. Petrey					
100	N Biscayne Blvd S	Suite 1900				
Mia	mi, FL 33132					
6. The name and street (if changed):	t address of the new regis	stered agent (if ch	anged) and /or regis	tered office	SECRETAR STYTSION OF C TO AUG 22	
Mer	rett Stierheim				22 9 22 9 32 9 32 9 32 9 32 9 32 9 32 9	Tag
100	N Biscayne Blvd S				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ari G
<u>M</u> iar	mi, FL 33132	P.O. Box NOT acceptab	lc		ORPORALI	
The street address of i	its registered office and entical.	the street address	of the business of	fice of its regis	stered agent;	
Such change was auth authorized by the boa	norized by resolution du	lly adopted by its	board of directors of writing of the cha	or by an office inge.	r so	
	Jenum officer or director		Printed or typed r	Homen,	CHAIRMAN BUF TRUS	77 <i>2</i> -0
I hereby accept the ap I further agree to coin of my duties, and I am document is being file corporation has been	opointment as registerea uply with the provisions i familiar with and acce ad merely to reflect a chi notified in writing of th	l agent and agree of all slatules rel of the obligation ange in the regist is change.	to act in this capa alive to the proper of my position as r ered office address	city. <b>Bo AR</b> and complete p egistered agen , I hereby conf	performance t. Or, if this firm that the	1. <b>€</b> €~⊃
Signature of	Registered Agent	<del></del>	Date	2011	<del></del>	
If signing on behalf of	fan entity:					
Typed or F	Printed Name					

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)