N98000004032

(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

700246376327

04/08/13--01034--027 **35.00

FILED
13 APR -8 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12CM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 5900 Collins Avenue Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000004032

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:

M. Keith Marshall, Esq.
Name of Contact Person

M. Keith Marshall, P.A.
Firm/Company

2999 NE 191st Street - Suite 805
Address

Aventura, FL 33180
City/State and Zip Code

marshall1231@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Keith Marshall, Esq. at (305) 785-5553
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

CR2E045 (03/12)

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: 5900 Collins Avenue Condominium Association, Inc.

2. The principal office address: 5900 Collins Avenue
Miami Beach, Florida 33140

3. The mailing address (if different):

4. Date of incorporation/qualification: July 10, 1998 Document number: N98000004032

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)

David Rogel

Becker and Poliakoff, 121 Alhambra Plaza, #1000

Coral Gables, FL 33134 US

FILED
13 APR -8 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Rosa Cales, 5900 Collins Avenue

Administration Office

P.O. Box NOT acceptable

Miami Beach, FL 33140

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

David Abreu, 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

March 28, 2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (03/12)