

205000093703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

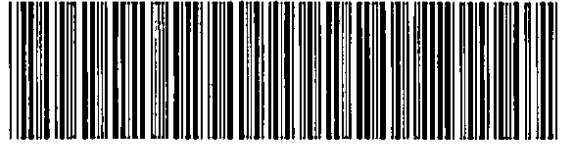
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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D. BRUCE
AUG 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Pine Partners, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Tria
Name of Person

Coral Pine Partners, LLC
Firm/Company

6975 SW 108 Street
Address

Miami, FL 33156
City/State and Zip Code

barbara.tria.cre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Tria at (305) 790-5055
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

DEPARTMENT OF STATE
TALLAHASSEE, FL
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Coral Pine Partners, LLC

2. (a) Coral Pine Partners, LLC (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6975 SW 108 Street
Miami, FL 33156

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. September 29, 2005 Date of filing/registration in Florida 4. L05000093703 Document number

5. (a) Rafael A. Perez
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

201 Alhambra Circle
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 701
Coral Gables, FL 33134

(b) Rafael Perez
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

McArdle Perez & Franco PA
NEW Registered Office Address:
255 Alhambra Circle, Suite 925
Coral Gables, FL 33134

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 SECRETARIAT OF STATE
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 Signature of a member or authorized representative of a member

Rafael A. Perez
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rafael A. Perez
 Signature of Registered Agent