N06000000298

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C. CARROTHERS

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	COCO PARC CONDOMINIUMS ASSOCIATION, INC
	Name of Corporation
DOCU	N0600000298 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David Klein
	Name of Contact Person
	Mllberg Klein PL
	Firm/Company
	5550 Glades Rd, Suite 500
	Address
	Boca Raton, FL 33431
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
David	d Klein 561 244-9461
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	sed 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

BOTH FOR CORPORATIONS

in order 1. The name of the	to change its registered office or registered agent, or both, in the State of Florida. COCO PARC CONDOMINIUMS ASSOCIATION, INC.
2. The principal of	961 LYONS ROAD
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 01/10/2006 Document number: N06000000298
	street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned) KATZMAN GARFINKEL & BERGER
	5297 W. COPANS RD
	MARGATE, FL 33063
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Milberg Klein PL
	5550 Glades Rd, Suite 500 P.O. Box NOT acceptable
	Boca Raton, FL 33431
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
More	Towns of the control
performance of agent. Or. if thi	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been hotified in writing of this change.
	2-12-16
Sign	nature of Registered Agent Date
performance of agent. Or, if this hereby confirm Signing on be	my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.

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

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