P06000118885

(Re	equestor's Name)		
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DIVISION OF CORFORATIONS
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: COMOCO INC.

Name of Corporation

DOCUMENT NUMBER: F

P06000118885

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:

New York /New York 10003-1502

City/State and Zip Code

info@navratlaw.com

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

For further information concerning this matter, please call:

Matus Navrat

,,212

203-8240

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

statement of ch	ange is submitted for a corporation org	1502. 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.
1. The name of	the corporation: COMOCO INC.	
		ON ST, SARASOTA, FL 34237
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 09/13/2006	Document number: P06000118885
5. The name an Florida Depa	d street address of the current registered artment of State: (If resigned, enter resigned)	agent and registered office on file with the ned)
	COMOREK, STEFAN	
	2195 PRINCETON ST	
	SARASOTA, FL 34237	
6. The name and (if changed):	d street address of the new registered ag	t, LLC.
	Northwest Registered Agen	t, LLC. 22 09 08 27
	3030 N Rocky Point Dr. 150	A Service Serv
	P.O. Box NC Tampa, Florida 33607	OT acceptable A A TOP
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agent.
Such change was authorized by the	ns authorized by resolution duly adopte ne board, or the corporation has been no	ed by its board of directors or by an officer so otified in writing of the change.
Signatu	te of an officer or director	Erik Koncok Director
Lhereby accept	the appointment as registered occurs	Printed or typed name and litte Ind agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
Con		01/09/2017
	nature of Registered Agent	Date
	half of an entity:	
DAN KEEN	ped or Printed Name	
•		

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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