I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000083895

Entity Name: MOBILE HOMES HOLDINGS COCO, LLC

## **Current Principal Place of Business:**

5555 COLLEGE RD KEY WEST, FL 33040

## **Current Mailing Address:**

5555 COLLEGE RD KEY WEST, FL 33040 US

## FEI Number: 47-3990433

## Name and Address of Current Registered Agent:

JOHNSON, LESLIE 5555 COLLEGE RD KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	LESLIE JOHNSON			02/06/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	JOHNSON, LESLIE	Name	BARTON, SMITH		
Address	5555 COLLEGE RD	Address	138 SIMONTON ST		
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040		

tha

MANAGER

02/06/2024

FILED Feb 06, 2024 Secretary of State 1004592395CC

Certificate of Status Desired: No

Date