

AM4 000 000 384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

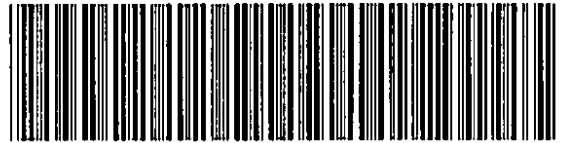
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coconut Palm Capital Investors VI Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A1400000384

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

Please return all correspondence concerning this matter to:

Richard C. Rochon
Contact Person

Coconut Palm Capital Investors VI Ltd
Firm/Company

150 E. Palmetto Park Rd, Suite 800
Address

Boca Raton, FL 33432
City, State and Zip Code

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

For further information concerning this matter, please call:

Richard C. Rochon at (561) 955-7300
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Coconut Palm Capital Investors V Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/24/2014 Date of filing/registration in Florida

3. A14000000384 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services Inc
Name

1200 S. Pine Island Rd
Address

Plantation FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Judy A. Schweers
Name

150 E. Palmetto Park Rd, Suite 800
Florida street address (P.O. Box not acceptable)

Boca Raton FL 33432
City, State and Zip

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TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50