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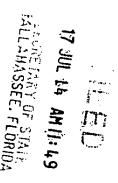
| (Req | questor's Name) | | | |
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| Special Instructions to Filing Officer: | | | | |
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| TO: | Registration Section | | | |
|--------|---|--------------|-------------|--------------------------|
| | Division of Corporations | | | |
| SURI | ECT: Stay In Coo | oa Bea | ch R | entals I P |
| 3010 | Name of Limited Partnership | | | |
| DOC | UMENT NUMBER: | B15 | 0000 | 00021 |
| | | | | |
| | nclosed Statement of Change of Regist are submitted for filing. | ered Offic | e and/ | or Registered Agent and |
| Please | e return all correspondence concerning | this matte | r to: | |
| | Thomas J. Keable, Esq. | | | |
| | Contact Person | | | |
| | Lippes Mathias Wexler Friedma | n LLP | | |
| | Firm/Company | | | |
| | 50 Fountain Plaza, Suite 170 | 00 | | |
| | Address | | | |
| | Buffalo, NY 14202 | | | |
| | City, State and Zip Code | | | |
| | ony, state and stip code | | | |
| E | -mail address: (to be used for future annual rep | ort notifica | tion) | |
| For fu | urther information concerning this matt | er, please | call: | |
| | Thomas J. Keable, Esq. | at (71 | 6) | 853-5100 |
| | Name of Contact Person | | | Daytime Telephone Number |
| Enclo | sed is a \$35.00 check made payable to | the Florid | a Depa | artment of State. |
| STRE | EET ADDRESS: | M | [A][L] | NG ADDRESS: |
| _ | Registration Section Registration Section | | | |
| | ion of Corporations | | | of Corporations |
| | n Building | | | x 6327 |
| | Executive Center Circle | Ta | allahas | see, FL 32314 |
| Tallah | nassee, FL 32301 | | | |

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 | | n Cocoa Beac | | | | |
|------|--|--------------------------|--------------|----------------|------------------------|----|
| | Name of Limited Pa | artnership or Limited I | iability Lin | nited Partners | ship | |
| 2. | 01/22/2015 | | 3. | B1500 | 0000021 | |
| | Date of filing/registration in F | lorida | 1 | Florida docur | ument number | |
| | The name of the registered agent an partment of State: | d the registered office | address as | shown on the | records of the Florida | |
| | Unit | ed Corporate Se | rvices, In | C. | | |
| | | Name | | | | |
| | 9200 S | outh Dadeland Bl | vd., Suite | e 506 | | |
| | <u>-</u> | Address | | | | |
| | | Miami, FL 331 | 156 | | | |
| | | City, State and 2 | | | | |
| 5. 7 | The name and Florida street address | s of the new registered | agent and/o | or office: | 17 | |
| | | Drew Groff | | | | |
| | <u> </u> | Name | | | SS | , |
| | | 750 Ventura I | Or. | | AHASSEE, FLORI | |
| | Florida s | treet address (P.O. Bo | | table) | T S | I |
| | Sat | ellite Beach | FL | 32937 | FALL ORIC | Ϊ, |
| | <u></u> | City, State and Z | | |)A | |
| 6. 5 | Such change(s) is/are effective whe | n filed by the Florida I | Denariment | of State | | |
| | ENTALS IN FLORIDA 3 INC., Ge | • | жранинон | or state. | | |
| 10 | citials in I lonida 5 inc., of | | | | | |
| Ву | Don Sort | | | | | |
| | Dean Groff, Preside | nt | | | | |
| | | | | | | |
| | reby accept the appointment as reg uply with the provisions of all statut | | | | | |
| | I am familiar with an accept the of | | | | and by my dance, | |
| Sign | nature of Registered Agent | | | | | |
| | | | | | | |
| | • | 5.00 | | | | |
| Ce | rtified Copy (optional): \$5 | 2.50 | | | | |