

B14000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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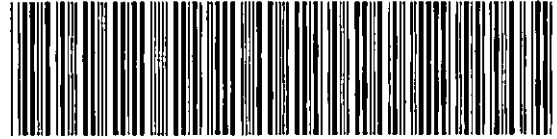
(Business Entity Name)

(Document Number)

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JUL 16 2017

D. SCOTT
JUL 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cocoa Beach Condo Rentals LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B15000000026

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:

Thomas J. Keable, Esq.

Contact Person

Lippes Mathias Wexler Friedman LLP

Firm/Company

50 Fountain Plaza, Suite 1700

Address

Buffalo, NY 14202

City, State and Zip Code

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

For further information concerning this matter, please call:

Thomas J. Keable, Esq.

Name of Contact Person

at (716)

853-5100

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**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. Cocoa Beach Condo Rentals LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/22/2015 3. B15000000025
Date of filing/registration in Florida 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:

United Corporate Services, Inc.
Name
9200 South Dadeland Blvd., Suite 506
Address
Miami, FL 33156
City, State and Zip

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

Drew Groff
Name
750 Ventura Dr.
Florida street address (P.O. Box not acceptable)
Satellite Beach FL 32937
City, State and Zip

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

RENTALS IN FLORIDA 4 INC., General Partner

By: Jaclyn Groff
Jaclyn Groff, President

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.

Drew Groff
Signature of Registered Agent

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

FILED
JAN 16 2015
TALLAHASSEE, FL
CLERK OF THE COURT