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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ		Cocoa Beach Ren	
	Name of Limited Partners	ship or Limited Liability Limi	ited Partnership
DOCUMENT NUMBER: B1500000026			26
	nclosed Statement of Change of Re are submitted for filing.	gistered Office and/or Re	egistered Agent and
Please	e return all correspondence concern	ing this matter to:	
	Thomas J. Keable, Es	;q	
	Contact Person		
	Lippes Mathias Wexler Fried	man LLP	
	Firm/Company		
	50 Fountain Plaza, Suite	1700	
	Address		
	Buffalo, NY 14202		
	City, State and Zip Code	<del></del>	
E	-mail address: (to be used for future annua	al report notification)	_
For fu	urther information concerning this n	natter, please call:	
	Thomas J. Keable, Esq.	at (716)	853-5100
	Name of Contact Person	Area Code and Dayt	ime Telephone Number
Enclos	sed is a \$35.00 check made payable	e to the Florida Departme	ent of State.
STRE	EET ADDRESS:	MAILING A	ADDRESS:
_	tration Section	Registration	
	on of Corporations	Division of C	Corporations
	n Building	P. O. Box 63	27
	Executive Center Circle	Tallahassee,	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	Condos In Cocoa			<u>.                                    </u>	
Ŋ	same of Limited Partnership or Li	mited Liability L	imited Partners	ship	
2	01/22/2015	3	B15000	0000026	
Date of fili	ng/registration in Florida		Florida docum	nent number	
4. The name of the Department of State	registered agent and the registered	i office address a	s shown on the	records of the I	Florida
	United Corpora	te Services, I	nc.		
		me			
	9200 South Dadela	and Blvd., Sui	ite 506		
		lress		!	
Miami, FL 33156					رة الا
	City, Stat	e and Zip			¥ 5
5. The name and Fl	orida street address of the new reg	gistered agent and	l/or office:		DIVISION OF CORPORATIONS
	Drew	Groff			60 AT 1
	Na	me			
	750 Ver				SKG
	Florida street address (F	O. Box not acce	ptable)		
	Satellite Beach	) FL	32937		
	City, Stat	e and Zip			
6. Such change(s) is	s/are effective when filed by the F	lorida Departmer	nt of State.		
RENTALS IN FLO	ORIDA 1 INC., General Partner				
By:	1/2 ~				
Step	hen Groff, President				
I hereby accept the c	appointment as registered agent a	nd agree to act in	this capacity.	I further agree	to
and I am familiar w	visions of all statutes relative to the interpretation of my with an accept the obligations of my	e proper and con position as regis	nplete performi stered agent.	ance of my dutie	<b>'</b> 5,
Signature of Registe	red Agent				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50