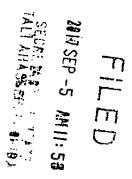
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COVER LETTER

TO: Amendment Section Division of Corporations Cocovan Corp Name of Corporation F16000004258 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Caitlin Härrison Name of Contact Person Marino Partners LLP Firm/Company 15 Fisher Lane, Suite 200 Address White Plains, NY 10603 City/State and Zip Code lisa@maximaipartners.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Caitlin Harrison Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections of	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
in order to change its register.	corporation organized under the laws of the State of Delawate red office or registered agent, or both, in the State of Florida.	
	·	
1. The name of the corporation: Coco		
2. The principal office address: 1265	Mariola Ct., Coral Gables, FL 33134	
3. The mailing address (if different):		
4. Date of incorporation/qualification	09/22/2016	
5. The name and street address of the cu Florida Department of State: (If resign	urrent registered agent and registered office on file with the med, enter resigned)	
Elizabeth van W	alleghem	
2525 Ponce de l	Leon Blvd, Suite 300	
Coral Gables, Fil	L 33134	
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registered office	<u>T</u>
Elizabeth van W	alleghem B	П
500 S. Dixie Hwy	y, Suite 301	O
	P.O. Box NOT acceptable Spring GB	
Coral Gables, FL	_ 33146	
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its registered agent	,
Such change was authorized by resolut authorized by the board, on the corporal	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
Minkelles	Elizohoth von 147-llant	
Signature of an officer or director	Printed or typed name and title	
performance of my duties, and I am fair ugent. Or, if this document is being file	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete niliar with and accept the obligation of my position as registered ad merely to reflect a change in the registered office address, I s been notified in writing of this change.	
hun valle	August 22, 2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:] 	
Elizabeth van Walleghem		
Typed or Printed Name	* FILING FFF, \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)