L000000003458

COERDE TRADIME
500 EAST BROWARD BLVD. SUITE 1620
FORT LAMBERDACE, FL
33394

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) 500004530095
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time	(Document #)
☐ Mail out ☐ Will wait	Photocopy Certified Copy Certificate of Status FINAL AMENDMENTS
NEW FILINGS Profit Not for Profit	AMENDMENTS Amendment Resignation of R.A., Officer/Director
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 16, 2001

COEROE TRADING 500 EAST BROWARD BLVD., SUITE 1620 FORT LAURDERDALE, FL 33394

SUBJECT: COEROE ENTERPRISES, L.L.C.

Ref. Number: L00000002958

We have received your document for COEROE ENTERPRISES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 601A00047022

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SECRETARY OF STATE
TALLAHASSEE FI COLE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: <u>COEROE ENTERPRISES</u> LLC.
2. The mailing address of the limited liability company is: 500 EAST BROWARD BLUD. STE. 16
FORT LAUDERDALE, PL 33394
MARIH 15,2000 L000000 2958
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
HEATHER TRIPP, ESQ. Name
110 NE 3 ^{ES} AVE. 5TE 1100
Address FT. LAUDERDALE, P.C. 3330/ City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
SCOTT ROF COEROE ENTER PRISES TO
6. The name and address of the new registered agent and/or office: SCOTT ROF COEROE ENTER PRISES TO STATE IGEO BAST BROWARD BUND. SUITE 1620
Florida street address (P.O. Box NOT acceptable)
Ft. LAND. FL 33394 City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. AS SEADARY (Signature of a member or authorized representative of a member)
Scott C. ROE
(Printed or typed name of signee)
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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00