6500024535		
(Requestor's Name) (Address) (Address)	600336318746	
(City/State/Zip/Phone #)		
(Document Number)	11/05/1901013002 ++25.00	
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 1, 2019

Order#: 032030/005

Re: COCON PROPERTIES, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	7000 W. Palmetto Park Road, Suite 205	_ (b) _	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	Boca Raton, FL 33433		
	03/18/2005	L	05000027535
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Morris Law Group		
• • •	Registered Agent and Registered Office shown on the records of t	he Florida Dej	pt. of State:
	7000 West Palmetto Park Road, Suite 205		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Boca Raton, FL	33433	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Unice addres	<u>2</u> :
	1201 Hays Street		
	<u>NEW</u> Registered Office Address:		
	T-U-b		
	Tallahassee, FL	32301	
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the register bility comp f the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Aariano E. Busso, MD	Marian	o E. Busso, MD, Manager
-	ture of a member or authorized representative of a member		Printed or typed name of signee
l herei orovisi the obl to mere notified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, 11 d'in writing of this change	ee to act in performanc 1 for in Cha aereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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