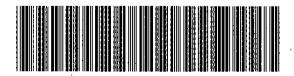
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(Requestor's Name)						
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PICK-UP WAIT MAIL						
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: COCO'S (Name	BALL ROOM BOUTBUE of Limited Liability Company)						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the following:						
LYNN B- Prutt (Name of Person)	_						
LOCO'S BALLROOM E (Firm/Company)	Bourique						
872 GRANVILLE (Address)	DR.						
WINTER PARK H (City/State and Zip Code)	32789						
For further information concerning this matt	ter, please call:						
LYNN B. PRUH (Name of Person)	at (47) 920-5344 (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

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

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. Na	me of the limited liability company:	<u>COCO'3</u>	BallRo	om Box	ingue		-
2. (a)	Principal office address of limited li (Note: MUST BE STREET ADD	iability company:	6400 Okland	Lighto, 72	ner Jaga	Deiv 9	<u>e</u>
(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE)	company: BOX		GRUNUIN R PARI			
3. Da	10/26/2006 te of filing/registration in Florida		L 0600 C Document nu		?		-
5. (a)	Registered Agent and Registered O	office shown on the	records of the	Florida Dep	t. of State:	:	
	Registered Agent:	_	LYNN	B. PRU	utt		•
	Registered Office Address:		872	GRANVI	IE DI	₹	•
		_	WINTER	PAZK	, H.		• • _
(b)	Enter name of <u>NEW Registered As</u>	gent and/or NEW		•	3	27	89
	NEW Registered Agent:		N	o cha	nse_		-
	NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS)			,FL		- •
that af office hereby liabilit	dimited liability company is not organter the change or changes are made, to of the registered agent will be identically confirmed that the change(s) was/way company or as otherwise provided liability company.	the Florida street actal. Or, in the case ere authorized by a in the articles of or member)	vs of the State ddress of the re of a Florida li an affirmative rganization or	of Florida, it egistered offi imited liabilit vote of the m the operating	is hereby of the company company tembers of gagreemer	confire busing, it is the lint of the	med ness mited ne
(Printed	or typed name of signee) PRUITH	 					
I here comply am fan F.S. C confiri	by accept the appointment as registe wwith the provisions of all statutes re miliar with and accept the obligations or, if this document is being filed to n in that the limited liability company h	red agent and agre elative to the prope s of my position as nerely reflect a cha as been notified in	ee to act in this r and complet registered age inge in the reg writing of this	s capacity. I e performanç ent as provid istered office s change.	further ag ce of my di ed for in C address, i	ree to ties, c hapte herei	and I r 608 by
(Signatu	re of Begistered Agent)				ASS	2	POLICE PROF T T T T T T
	Division of Corporat	tions, P.O. Box 63 FILING FEE: \$2	•	ee, FL 3231	4 E3:	<u>≅</u> 3 ⊗	Part of the state