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COVER LETTER

Division of Corporations	
SUBJECT: Coral Cove Plaza, LLC	
(Name	e 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 concernin	g this matter to the following:
	•
D. Glen Alexander, Manager (Name of Person)	
Strategic Realty Services, LLC (Firm/Company)	·
(mis company)	
901 Northpoint Pkwy - Suite 200	
(Address)	
West Palm Beach, FL 33407	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
D. Glen Alexander, Manager	at (561) 471-5353
(Name of Person)	(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 followi	ing amount:
	☐ \$55 Filing Fee & Certified Copy

TO: Registration Section

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. Name of the limited liability company: Coral Cove	Plaza, LLC	_
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 6651 Lake Worth Road Lake Worth, FL 33467	-
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6651 Lake Worth Road Lake Worth, FL 33467	
5/25/07	L07000055966	_
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	GUPTA, RAM P	<u>.</u>
Registered Office Address:	6651 Lake Worth Road Lake Worth, FL 33467	SECR /ISION
		<u>-</u> 957-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address:	
NEW Registered Agent:	Strategic Realty Services, LLC	<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	901 Northpoint Pkwy Suite 200 West Palm Beach ,FL 33407	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company	et address of the registered office and the busi- case of a Florida limited liability company, it is	ness
(Signature of a member of authorized representative of a member) D. Glen Alexander		
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited to brits company has been notifie	agree to act in this capacity. I further agree to roper and complete performance of my duties, n as registered agent as provided for in Chapte change in the registered office address, I here ed in writing of this change.	and I er 608, eby
(Signature of Registered Agent)		

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