Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000022585 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

: (608)827-5501

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE COCONUT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

JAN 28 2016 -

1/27/2016

FIX Audit # Ally 000022585 3

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

Pi co bo	arsuant to the provisions of sections 605.0114, Flort supany submits the following statement in order to char oth, in the State of Florida.	da Statutes, the undersigned limited liability ge its rugistered office or registered agent, or
1.	Name of the limited liability company: COCONUT, LLC	
2.	(a) I interpared the estate of the least the transfer to the least	3 Rue Ami-Lullin Case Postale 3023
		Geneva, 1211
	(b) Mailing address of limited liability communy:	3 Rue Ami-Lullin Case Postale 3023
	(Note: MAY BE POST OFFICE BOX)	Geneva, 1211
6/1	2/2007	1.07000062048
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:	MANASTER, JOSHUA D
	Registered Office Address:	4770 BISCAYNE BOULEVARD, SUITE 1400
		MIAMI, FL 33137
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
	(1) The state of the stat	A TANKESSON ASSESS MINISTERS.

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 inability 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.

Business Filings Incorporated

1200 South Pine Island Road

Plantation

4444	······································
	shortled representative of a momber
Sebastion Hyoz, Vice Pro	esident of ITC Directors (Suisse) Limited,
Manager	` .
Printed or typed manie of sig	gière

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

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 stabiles 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 605, F.S. Or, if this document is being filed to hierely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mark Williams, AVP Business Filings Incorporated Signature of Registered Agent

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

INHS18 (12/13)

IS JAN 27 A 9 19
EURE TARY OF STATE
EURE TARY OF STATE