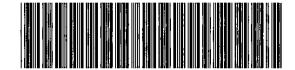
## L07000116979

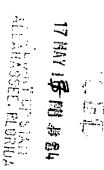
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900299349589

05/17/17--01025--001 \*\*25.00



MAY 1 7 2017 Y SULKER

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations		
Coconut Friends LLC		
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Renae Page		
Name of Person		
Page Law Practice, P.A.		
Firm/Company		
5045 sw 74th Terrace		
Address		
Miami, Florida 33143		
City/State and Zip Code	<del></del>	
renae@plawpa.com		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, pl	lease call:	
Renae Page	305 321-4969	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following an	mount:	
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		
	(i-lu b	
	(1- M	
	7	

## 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

1. Na	me of the limited liability company: Coconut Frien	ds LLC		
2. (a)	Coconut Friends LLC	(b) Coconut Friends LLC		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2889 MCFARLANE RD #1604		2889 MC	FARLANE RD #1604
	Miami, Fl 33133	<del>-</del>	Miami, F	1 33133
	11/20/2007		. 070001 ·	16979
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Law Office of Renae Meltzer, P.A.			
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	13899 BISCAYNE BLVD., SUITE 148			
	Miami FL.	33181		Ž.
(b)	Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:  5045 sw 74th Terrace	Office add	ress:	ASSEE PLORIDA
	Miami , FL	33143		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cou f the limi limited li	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Ciana	ture of a member or authorized representative of a member	Mar	tin Campi	Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C vereby co	in this capa nce of my a hapter 605, nfirm that t	with I further garee to comply with the
Signatu	re of Registered Agent			
	Division of Corporations P.O. B	ox 6327	Tallahas:	see, FL 32314

Division of Corporations P.O. Box 6327 I allahassee, PL 32314 FILING FEE: \$25.00

Fu h