(Requestor's Name)	
(Address)	300303402
(Address)	300003402
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/21/17010090
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	aring on topid.

Office Use Only



903

j23 **35.00

17 OCT 10 期間49

OCT 1 : 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2017

ANNA C COOPER 8150 SW 72 AVENUE #1644 MIAMI, FL 33143

SUBJECT: COOPER FAMILY COMPANY, LLC

Ref. Number: L09000005745

We have received your document for COOPER FAMILY COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00019265

4 to the second of the second

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.

l. Na	me of the limited liability company:	fam	ily Com	pany, LLC	<u> </u>
2. (a)	8150 SQ 72 Avenue #1644	(b)	1POB	0x 14362	37
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			address of limited lial MAY BE POST OF	
	Miami, FL 33143		Coral	Gables F	133114
		_			
	1.10.0		1 20 64		~
3.	Date of filing/registration in Florida	- ,	L0700	1005/4	
	Anna C Cooper	4.	Docui	hent number	
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:		
	_ 3258 Rivera Drive		•		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	-		
	Conal (Stables FL331	34			17 0
	FL				64 150
				, Sign	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	ress:		
				22	5 1 3
	_ 8150 SW 72 Avenue =	#164	+4	Sur Sur	9
	NEW Registered Office Address:				
	Miami, FL FL	331	43		
If the li	mited liability company is not organized under the law	vs of the S	State of Florida i	t is hereby confin	med that after
the cha	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the registe	ered office and th	he business office	of the registered
was/we	re authorized by an affirmative vote of the members of the organization or the operating agreement of the l	f the limit	ed liability comp	pany or as otherwi	ise provided in
	Lia dankos	minicu na	Mnna C	1)	
	ure of a member or authorized representative of a member			1 ''	mee
l herel provisi	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	ee to act i. performan	n this capacity. ace of my duties,	I further agree to and Lam familia	comply with the r with and accept
ine obli lo mere no trik a	ons of all statutes relative to the proper and complete i gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	i jor in Ci iereby con	iapter 605, F.S. ifirm that the lim	Or, if this documented liability com	ent is being filed pany has been
	una a doobe				
Signatui	e of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL B2314 FILING FEE: \$25.00