L09000064479

(Re	equestor's Name)	
(Ad	ldress)	······································
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	ne)
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SECRETARY OF STATE
SHASSEE, FLORIDA

J. BRYAN

JUL 1 9 2010

EXAMINER

850-245-6050

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cotofana Designa Name of Limited	2ns LLC d 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 m	natter to the following:	
Olga Cotofana Name of Person		
Cotoforna Designs LL	SECR FALLA	
20301 WE 30 Ave	Apt 208 Apt 208	
Aventura FC 5318 City/State and Zip Code	<u>⊸1, </u>	
Olga Cotoforna (a) omail E-mail address: (10 be used for future annual report notification	E. com	
For further information concerning this matter, please call:		
Olga Cofofoma at (at (786 486-8689. 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 am		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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: _Cotofa	na Designs LLC
2. (a) Principal office address of limited liability compar	A 3 A
(Note: MUST BE STREET ADDRESS)	20301 NE 30 AVE Apt 208 AVENTURA FR 33180
(b) Mailing address of limited liability company:	Cotofana Olga
(Note: MAY BE POST OFFICE BOX)	20301 NE 30 Ave Apt 208 Aventura Fe 33180
07/06/2009 3. Date of filing/registration in Florida	<u> L09000064479</u>
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:	Corporation service compo
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEE FE 32301 U
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Olga Cotofana
NEW Registered Office Address:	20301 NE 30 Ave Apt 208
(MUST BE FLORIDA STREET ADDRESS)	Aventura ,FL 33/80
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change (so of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the propositions of all statutes relative to the propositions of all statutes relative to the propositions of the obligations of my performent of the provisions of the limited liability company address, I hereby confirm that the limited liability company.	TILE PARTY OF PARTY O
Signature of Registered Agent	

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