L10000043308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER

MAR 08 2011

2804 Gateway Oaks Drive #200 Sacramento, CA 95833
Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

PARACORP

NUMBER PAGES:

Date: March 01, 2011 AE: Faith Mburu

TO: Florida Division of Corporations REFERENCE: 592859

FAX:

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PLEASE PERFORM THE FOLLOWING:

COCONUT GROVE UNIT 1103 LLC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please file on a routine and return one plain copy.

Service Description	Check Number	Name	Amount
Change of Registered Agent	364661	Florida Division of Corporations	$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Faith Mburu TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coconut Grove Unit 1103 LLC
Name 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 concerning this matter to the following:

Michelle Cibulnaco
Name of Person

Vredyns LLC
Firm/Company

1501 E Broward Blvd, Suite 331
Address

Fort Lauderdale, FL 33301
City, State and Zip Code

Michelle@Vredyns.com
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michelle Cibulnaco at (954) 592-5227
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 following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

(NEW 05/05)

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: COCONUT GROVE UNIT 1103 LLC

2. (a) Principal office address of limited liability company: 1301 E. BROWARD BLVD
SUITE 300
FORT LAUDERDALE, FL 33301

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1301 E. BROWARD BLVD
SUITE 300
FORT LAUDERDALE, FL 33301

(Note: MAY BE POST OFFICE BOX)

APRIL 22, 2010
3. Date of filing/registration in Florida

L10000043908
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: PARACLES INCORPORATE

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
336 E. LAFAYETTE
TALLAHASSEE FL 32301

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 liability 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.

Signature of a member or authorized representative of a member

MICHELLE F. CHOWNING
Printed or typed name of signee

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TALLAHASSEE, FLORIDA

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 statutes 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NINH HO, ASST. SECRETARY
Signature of Registered Agent

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

INHSX (05/08)