

L10000125081

Alejandro Solórzano

(Requestor's Name)

16640 South Post Rd. #103

(Address)

Weston, FL 33331

(Address)

Weston FL 33331

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

COSOCO MEDICAL SUPPLY

(Business Entity Name)

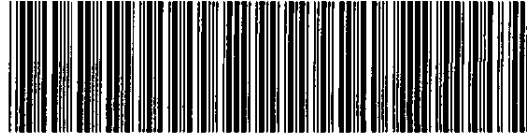
(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

MAY 3 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COSOCO MEDICAL SUPPLY  
*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:

ALEJANDRO SOLORZANO

*Name of Person*

COSOCO MEDICAL SUPPLY, LLC

*Firm/Company*

16640 SOUTH POST ROAD APT 103

*Address*

WESTON, FLORIDA 33331

*City/State and Zip Code*

alejandrosolorzano51@gmail.com

*E-mail address: (to be used for future annual report notification)*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ALEJANDRO SOLORZANO

*Name of Person*

at ( 954 )

5916891

*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

**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: COSOCO MEDICAL SUPPLY

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

16640 SOUTH POST ROAD APT 103  
WESTON, FL 33331

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

16640 SOUTH POST ROAD APT 103  
WESTON, FL 33331

12/06/2010

27-4182920

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: ALEJANDRO SOLORZANO

Registered Office Address: 16640 SOUTH POST ROAD APT 103  
WESTON, FL 33331

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**

16640 SOUTH POST ROAD SUITE 103  
WESTON, FL 33331

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

ALEJANDRO SOLORZANO

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity and 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.*

Signature of Registered Agent

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

FILE  
2011 MAY -3 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA