

L11000060857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

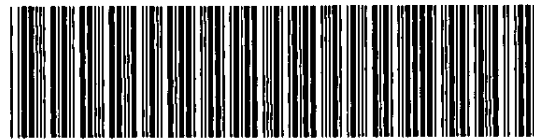
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 29 2012

EXAMINER



400241838384

11/28/12--01004--026 **200.00

RECEIVED
DEPARTMENT OF STATE
12 NOV 28 AM 11:27

FILED
12 NOV 28 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COSHED LLC

Signature

Requested by: SETH

11/28/12

Name

Date

Time

Walk-In

Will Pick Up

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☒ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSHED 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:

EREZ RAM

Name of Person

COSHED LLC

Firm/Company

29033 SILVER CREEK Rd.

Address

AGOURA CA 91301

City/State and Zip Code

erezjram@gmail.com

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

For further information concerning this matter, please call:

EREZ RAM

Name of Person

at (818) 917-2889

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: COSHED LLC
2. (a) Principal office address of limited liability company: 29033 SILVER CREEK RD.
AGOURA CA 91301
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 29033 SILVER CREEK RD.
AGOURA CA 91301
(Note: MAY BE POST OFFICE BOX)
- 05/24/2011 L11000060857
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: TC PROPERTY MANAGEMENT, LLC

Registered Office Address: 503 N. ORLANDO AVE. 203
COCOA BEACH FL 32931

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

NEW Registered Agent: EREZ RAM

NEW Registered Office Address: HGMC
(MUST BE FLORIDA STREET ADDRESS) 1835 NE MIAMI GARDENS DRIVE #411
NORTH MIAMI BEACH FL 33179

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.

Erez Ram
Signature of a member or authorized representative of a member.

EREZ RAM

Printed or typed name of signee

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.

Erez Ram
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00