

L11000098212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

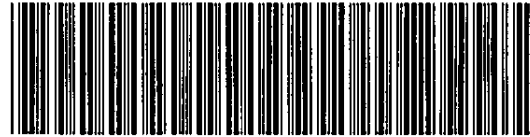
L11-98212

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCANUTS Group 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:

ALLEN HAMAOVI
Name of Person

Bocanuts Group LLC
Firm/Company

499 E. PALMETTO PARK Rd, SUITE 200
Address

BOCA RATON, FL 33432
City/State and Zip Code

BOCANUTS@COMPUTER SOLUTIONSEAST.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen HamaoVi at (914) 659 0847
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

ALLEN HAMOUI
499 E PALMETTO PARK ROAD
SUITE 200
BOCA RATON, FL 33432

SUBJECT: BOCANUTS GROUP LLC
Ref. Number: L11000098212

We have received your document for BOCANUTS GROUP 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):

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 113A00027626

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: Bocanuts Group LLC
2. (a) Principal office address of limited liability company: 499 E. PALMETTO PARK Rd
(Note: **MUST BE STREET ADDRESS**) STE 200
BOCA RATON FL 33432
- (b) Mailing address of limited liability company: 499 E. PALMETTO PARK Rd
(Note: **MAY BE POST OFFICE BOX**) STE 200
BOCA RATON FL 33432
3. Date of filing/registration in Florida: 08/26/2011
4. Document number: L11000098212

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

Registered Agent:

Registered Office Address:

UNITED STATES CORP. AGENTS INC.

13302 WINDING OAK COURT
STE A
TAMPA, FL 33612

- (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**)

ALLEN HAMAOVI
499 E. PALMETTO PARK Rd
STE 200
BOCA RATON FL 33432

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.

Allen Hamaovi
Signature of a member or authorized representative of a member

ALLEN HAMAOVI
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.

Allen Hamaovi
Signature of Registered Agent

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

FILING FEE: \$25.00