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COVER LETTER

TO:	Registration Section Division of Corporations				
	COORIOS LLC				
SUBJE	CT:Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the fe	ollowing:		
ROD	RIGO ZULOAGA				
	Name of Person		_		
coo	RIOS LLC				
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	_		
115 E	E ENID DR				
	Address		_		
KEY	BISCAYNE, FL 33149				
	City/State and Zip Code		_		
COO	RIOSLLC@GMAIL.COM				
Е	-mail address: (to be used for future annua	al report notific	cation)		
For fur	ther information concerning this matter, pl	lease call:			
ROD	RIGO ZULOAGA	305	3961205		
	Name of Person	_ at (Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$5:	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 605.0114 or 605.0116, 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.

Name of the limited liability company:	C	
115 E ENID DR, KEY BISCAYNE, FL 33149 (a)	115 E (b)	ENID DR, KEY BISCAYNE, FL 33149
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
06/01/2012		0073484
Date of filing/registration in Florida LEGALINC CORPORATE SERVICES	4. I, INC.	Document number
(a) Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	e Florida Dept. of Sta	ate:
Registered Office Address AUST BE FLORIDA STREET AL SUITE 400	DDRESS)	TALLES TALLES
FORT MYERS	33907	MIN SEP 30 SEGRETARY SALLPANASS
RODRIGO ZULOAGA		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	FLOADING
115 E ENID DR		
NEW Registered Office Address:		_
KEY BISCAYNE	33149	_
the limited liability company is not organized under the laws change or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liabs/were authorized by an affirmative vote of the members of carticles of organization or the operating agreement of the liability.	he registered offi- pility company, it the limited liabil imited liability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in
Signature of a member or authorized representative of a member		Printed or typed name of signee
nereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete p obligations of my position as registered agent as provided merely reflect a change in the registered office address. I he tifted in writing of this change.	e to act in this ca performance of my för in Chapter 60 ereby confirm tha	pacity. I further agree to comply with the values, and I am familiar with and access, S. Or, if this document is being file at the limited liability company has been
anature of Registered Agent		