L12000116630

(Re	questor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
_		
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SEP - 3 2013

PRYAN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coding Lobster, LLC Name of Limited Liability	y Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Melanie Moore	
Name of Person	- -
	2013 AUG 30 PM 2: 54 SECIETARISE EFLORIDA TALLANASSE EFLORIDA
Firm/Company	16 30 S
40 Broad St. Apt. 27H	SE S
Address	2: 51 S. S. S
New York, NY 10004	ēm 🗲
City/State and Zip Code	-
mmoore619@gmail.com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Melanie Moore at 917	207-1420
Name of Person A	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

■ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED EIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement is agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited n order to change its registered office or registered
1. Name of the limited liability company: Coding Lobs	ter, LLC
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	mpany; 40 Broad St. Apt. 27H New York, NY 10004
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	40 Broad St. Apt. 27H New York, NY 10004
Septmber 11, 2012	L12000116630
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State?
Registered Agent:	Claudia Hernandez
Registered Office Address:	1659 Sandpiper Circle Weston, FL 33327
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Claudia Hernandez 2000 Island Blvd.
(MUST BE FLORIDA STREET ADDRESS	Apt. 2306
	Aventura ,FL 33160
the operating agreement of the limited liability comp	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Melanie Moore Printed or typed name of signee Liberary accept the appointment as registered agent	and garee to act in this canacity. I further garee to
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany 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