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## COVER LETTER

TO: Registration Section Division of Corporations Coppola Sunshine, 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: Jorge Gutierrez Name of Person c/o Boyd & Jenerette, P.A. Firm/Company 801 Brickell Avenue #1440 Miami, FL 33131 City/State and Zip Code iautierrez@boyd-jenerette.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Gutierrez 305 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Clifton Building

\$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

## 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: COPPOLA SUNSHIR	NE, LLC
<ul> <li>(a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)</li> <li>(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)</li> </ul>	hnsv: 6650 Roxbury Lane
	Mlami Beach, Florida 33141
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01/11/2013	L13009996056
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Frederick Woodbridge, Jr.
Registered Office Addréss:	701 Brickell Avenue Suite 1850
	Minmi, Florida 33131
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jorge R. Gutterrez
	801 Brickell Avenue Suite 1440
	Mlaml ,F[_33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/wers authorized by an affirmative vote of
= 10	
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. On if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent  Division of Corporations P.O. Box	, 6337 Tollahassaa El 23314

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

INHS18 (05/08)