## 214000040976

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## COVER LETTER .

10:	Division of Corporations			
SUBJ	BOCONO	O LLC	2	
0000	Limited Liability Company	The state of the s		
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.		
Please	return all correspondence concerning this mat	tter to the following:		
<u>F</u> ,	ANNY SUAREZ  Name of Person	·		
<del></del>	BOCONO LLC Firm/Company	<del></del>		
15	673 sw 52Ct		SEC: TALL! /	À > 437#
Mn	Address ramar FL 33027		SECALIARY OF STATE TALL AHASSET PLORIDA	
	City/State and Zip Code			2 } <b>[</b>
103	Srincon 1@ hotmail.com  B-mail address: (to be used for future annual re	eport notification)	TATE ORIDA	 
	rther information concerning this matter, pleas			
Ge	rman Rincon M at	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 amo	ount:		
	2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

1.	Na	me of the limited liability company:	Boco	NO L	LC.	4 1
2.	(a) 🤄	507   SW 161 AV MICAMON FL, 3307 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) <u>_</u>		SW 52CH HI (0) Mailing address of limited (Note: MAY BE POST	
3.		03/11/2014  Date of filing/registration in Florida	 4.	<u> </u>	4 0000 4097 © Document number	2
5.	(a)				-	
		Registered Agent and Registered Office shown on the records of the SUGICZ FORNY  Registered Office Address MUST BE FLORIDA STREET A  15653 SW 52 CF		ept. of Stat	s: TAL	1
		Miramar FL	2202	7		8 7
		, FL	<u> </u>	<u> </u>	- <del>1</del> 10 5	
	(b)				Special Mark Mark	
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<b>35</b> :		ı ω O
		Svorez fanny				- <del>-</del> -
		NEW Registered Office Address:		<del></del>	-	<b></b>
		15673 SW 52 CH			_	
		Miramar ,FL	330J	7	_	
the age was the	cha ent v s/we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of a listatutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have	the registe bility com f the limited lial limited lial	red offic pany, it is ed liability bility con	te and the business of is hereby confirmed the ty company or as other mpany.  Iny M Sure Printed or typed name of the confirmed or typed name or typed n	fice of the registered that the change(s) erwise provided in  2 of signee
no	прес	i in writing of this change.  Multiplication of Registered Agent		y		gracey road decore
		Division of Corporations R.O. B	ow 6227-	Tallaka	anaa WT 20214	

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