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(Business Entity Name)
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DIVISION OF CORPORATION

M. MILLIGAN AUG 0 3 2017

COVER LETTER

TO: Registration Section Division of Corporations

Purple Coin Holdings LLC SUBJECT:

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:

Cheryl Collin

Name of Person

Purple Coin Holdings LLC

Firm/Company

PO Box 3031

Address

Palm Beach, FL 33480

City/State and Zip Code

misscheryl72@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Collin	561	429-8477
•	at (i.

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:

S25 Filing Fee

□ \$55 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,

Principal office address of limited liability company:		(b)		
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
327 Dyer Road		PO Box 3031 Palm Beach, FL 33480		
West Palm Beach, FL 33405				
2/19/2015		L15000031595		
Date of filing/registration in Florida	4.	Document num	ber	
Cheryl Collin - Mgr			o	
Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of State:	17 IVISE	
Jules Franco - Registered Agent				
Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRE</u>	<u>SS)</u>	JUL 20	
327 Dyer Road				
West Palm Beach		5	AM ID: 41	
I	·L	<u> </u>		
·			900 HE	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	address:		
$\rho = \rho \rho$				
327 Ugen Fd.				
NEW Registered Office Address:				
	- <u></u>			
$h h \to \rho_{-} h \to \rho_{-} \rho_{-}$	\sim	a las		
West falm Bach.	·L_0	<u>spos</u>		
limited lightlifty company is not preprinted under the l	aws of t	he State of Florida, it is hereby	v confirmed that aft	
minited hadning company is not organized under the i			ss office of the regis	

Signature of a member pr authorized representative of a member

UU I

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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 Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Signature of Registered Agent

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