L16000089950

(F	Requestor's Name)						
(Address)							
(Address)							
(0	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							





400318259424

09/17/18--01031--023 **50.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Coconut Trail Realty LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	<u>g</u> .			
Please	e return all correspondence concerning th	is matter to the	following:				
Nunc	o Morais						
	Name of Person						
-	Firm/Company						
	r into Company						
802 1	N Swinton Ave			,			
_	Address		<u> </u>	سـ			
Delra	ay Beach			© 2;			
	City/State and Zip Code	-		1.7			
Floric	da 33444						
ŀ	E-mail address: (to be used for future ann	nual report noti	lication)				
For fu	rther information concerning this matter.	please call:					
Nuno	Morais	347 at (405 3266				
	Name of Person		Area Code & Daytime Tele	phone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	Re	AILING ADDRESS: egistration Section vision of Corporations				
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.(O. Box 6327 Illahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Cop	y			

TO:

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.

I. Na	nme of the limited liability company:	Coconut Trail	Realty LLC		
2. (a)	802 N Swinton Ave Delray Bea	ach FL 33444	(b) Same		
(a)	Principal office address of limited lic (Note: MUST BE STREET A			Mailing address of limited (Note: MAY BE POST	* * -
	05/06/2016		L160000		
3.	Date of filing/registration in	i Florida	4.	Document number	
5. (a)	Nuno Morais Registered Agent and Registered Office show	ate:			
	Registered Office Address (MUST BE F				
	749 S Lake Ave Delray Beach	, FL	33483	_	: -
(b)	Enter name of NEW Registered Agent and/	or <u>NEW Registered (</u>	Office address:		्र इ. 21
	NEW Registered Office Address:				
	802 N Swinton Ave Delray Be	ach FL	33444	_	
the cha agent v was/wa	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote icles of organization ρr the operating	street address of a Florida limited lia of the members of	the registered offi bility company, it f the limited liabil	ce and the business of is hereby confirmed the ity company or as other	fice of the registered hat the change(s)
<u> </u>	Jan 1	-	Nuno Morai	<u> </u>	
	ture of a member or authorized representative			Printed or typed name o	_
provisi the obl to mer	by accept the appointment as register ions of all statutes relative to the proping as registered ely reflect a change in the registered in writing of this change.	ed agent and agre per and complete p agent as providea office address. I h	re to act in this ca performance of m I for in Chapter 60 ereby confirm tha	pacity. I further agree y duties, and I am fam 95, F.S. Or, if this doc at the limited liability c	to comply with the liur with and accept ument is being filed ompany has been
Signatu	re of Registered Agent				