

L17000183862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

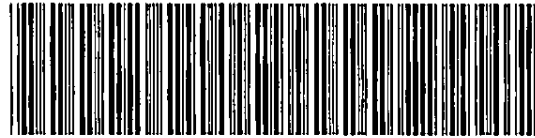
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TALLAHASSEE, FLORIDA

17 DEC 14 PM 2:26

FILERS

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DEC 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2017

LORI KANIUK
1675 N MILITARY TRL, 5TH FL
BOCA RATON, FL 33486

SUBJECT: HOPPER COCONUT, LLC
Ref. Number: L17000183862

We have received your document for HOPPER COCONUT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00024322

2017 DEC 14 AM 11:50

DATE RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hopper Coconut 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:

Lori Kaniuk
Name of Person

CBIZ MHM LLC
Firm/Company

1675 n. military Trail, 5th FL
Address

Boca Raton, FL 33486
City/State and Zip Code

LKaniuk@cbiz.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Kaniuk at (561) 922-6117
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$35 check
was cashed
please return \$10.00
Thank you.

**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. Name of the limited liability company: Hopper Coconut LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1675 N. Military Trail 5th FL
Boca Raton, FL 33486

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Geo Frey S. Mombach, Esq
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
100 NE 3rd Ave, Suite 1000
Ft. Lauderdale, FL 33301

(b) Lori Kanilik
Enter name of NEW Registered Agent and/or NEW Registered Office address:

CBIZ MAM LLC
NEW Registered Office Address:
1675 N. Military Trail, 5th FL
Boca Raton, FL 33486

17 DEC 14 PM 2:26
TALLAHASSEE, FL 32314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Barry Smith, manager
Printed or typed name of signer

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 familiar 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]
Signature of Registered Agent