## L19000150623

(Requestor's Name)						
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## COVER LETTER

FO: Registration Section Division of Corporations	
COCO Investments 6, LLC	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Name of Person	
TANIA V. SOTELO, P.A.	
Firm/Company	
4000 PONCE DE LEON BLVD NO 470	
Address	<del> </del>
CORAL GABLES, FLORIDA 33146	
City/State and Zip Code	<del></del> -
TVSOTELO@SOTELOLAW.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
	305 925-0643
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	nt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INH\$18 (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. N	lame of the limited liability company: COCO Investme	ents 6. LL	C				
2. (a)	9700 NW 30 Torraco		(b) 8299 NW 30 Terrace  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
~· ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						
	Miami, Florida 33122		Miami, Fl	orida 33122			
	06/06/2019		L19000150	623			
3.	Date of filing/registration in Florida	4.		Document numb	ber		
5. (a	Registered Agent and Registered Office shown on the records o			_			
	Registered Agent and Registered Office shown on the records o TANIA V. SOTELO, P.A.	of the Flori	da Dept, of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET) 2525 PONCE DE LEON BLVD STE 300	egistered Office Address (MUST BE FLORIDA STREET ADDRESS) 525 PONCE DE LEON BLVD STE 300			,	~2	
	CORAL GABLES	33134		_		77.67	* 1 1 *
41.5	, .	Ľ		_	:! : ::<	€ 20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	_	SEE SEE SEE	PH	
	TANIA V. SOTELO, P.A.				STATE E, FL	PH 12: 41	
	NEW Registered Office Address:			_			
	4000 PONCE DE LEON BOULEVARD, SUITE 470			_			
	CORAL GABLES F	L_33146		_			
sign Sign I here provis the ob- to men	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization of the operating agreement of the ature of a member or authorized representative of a member ature of a member are accept the appointment as registered agent and agricultures of my position/as registered agent as providing to the proper and complete the proper	e registe iability of the li e limited	red office an ompany, it is mited liability cor ania V. SOT	nd the business of shereby confirm ty company or as mpany.  ELO, PRES of TA  Printed or typed manually.	ffice of the sed that the otherwise and V. SO ame of signerative to co	regist chang provident TELO	ered ge(s) ded in PA