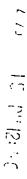
LZO 000056739

(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Dx	ocument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



05/15/20-+01009-+023 **25.00



R. WHITE
JUN 0 \$ 2020

COVER LETTER

TO: Registration Section

Division of Corpor	ations					
Coral Reef Cor	ntraptions, LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Ap	gent/Registered Office Cha	inge and fe	e(s) are submitted for filing.			
Please return all correspond	lence concerning this matte	er to the fo	llowing:			
Charles Bryant						
Na	me of Person	· · · · · · · · · · · · · · · · · · ·	-			
Fir	m/Company		-			
2000 Towerside Terrace Unit	1707		_			
A	Address					
Miami Shores, FL 33138						
City/S	tate and Zip Code		-			
valemm@hotmail.com						
E-mail address: (to be	used for future annual rep	ort notifica	ation)			
For further information con	cerning this matter, please	call:				
Hanna Ebmeyer	at (800	375-2453			
Name of Po	erson		Area Code & Daytime Telephone Number			
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a chec	k for the following amoun	nt:				
■ \$25 Filing Fee		U \$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. N	ame of the limited liability company: Coral Reef Contrag	ptions,	<u> </u>	<u></u>	
2. (a)	2000 Towerside Terrace Unit 1707		(b) 2000 Towerside Terrace Unit 1707		
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami Shores, FL 33138	_		Miami Shores, FL 33138	
	02/19/2020	_	L	L200000.56739	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Charles L. Bryant				
	Registered Agent and Registered Office shown on the records of the 2000 Towerside Terrace	e Florid	da I	Dept, of State:	
	Registered Office Address	DDRES	(22	2	
	Miami Shores , FL	33138	_		
(b)	Charles Bryant				
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddı	dress:	
	2000 Towerside Terrace Unit 1707			<u>:</u>	
	NEW Registered Office Address:				
				<u> </u>	
	Miami Shores , FL	33138			
change agent was/w the art Signs I here provis the obt to mer notifie	imited liability company is not organized under the law or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liable or authorized by an affirmative vote of the members of itles of organization or the operating agreement of the liable of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	egister pility c the lin imited Cha	red om lia arte	and office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided is ability company. Hereby Bryant Printed or typed name of signee In this capacity. I further agree to comply with a more of my duties, and I am familiar with and according to the signer.	n he

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