

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**M09000002796**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDALLC REGISTERED AGENT CHANGE  
COCONUT GROVE CY OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDAAPPROVED  
AND  
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JUL 10 2024

K. Brumley

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COCONUT GROVE CY OWNER, 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:

Alicia Richards

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Richards

888

705-7274

at ( )

\_\_\_\_\_  
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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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# 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: COCONUT GROVE CY OWNER, LLC

<p>2. (a) <u>2999 NE 191st Street</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b>) <u>STE 800</u> <u>Aventura, FL 33180</u></p>	<p>(b) <u>2999 NE 191st Street</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b>) <u>STE 800</u> <u>Aventura, FL 33180</u></p>
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<p>3. <u>7/20/2009</u> Date of filing/registration in Florida</p>	<p>4. <u>M09000002796</u> Document number</p>
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5. (a) NRAI SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PLANTATION, FL 33324

(b) Registered Agent Solutions, Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2894 Remington Green Ln.  
**NEW Registered Office Address**:  
Ste. A  
Tallahassee, FL 32308

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

/s/ Victor Recondo  
Signature of a member or authorized representative of a member

Victor Recondo **Member**  
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 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.

Mackenzie Hibler  
Signature of Registered Agent Mackenzie Hibler, Asst. Secretary