M15000005660

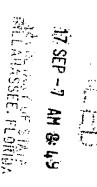
(Re	equestor's Name)	····	
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SEP 0 7 2017 Y SULKER



July 27, 2017

RUDY VILLANUEVA 7700 N KENDALL DR SUITE 705 MIAMI, FL 33156

SUBJECT: COFE CIX NORTH MIAMI, LLC

Ref. Number: M15000005660

We have received your document for COFE CIX NORTH MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 317A00015208

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SLUKELINE STANDINA

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

Na	me of the limited liability company: Cofe CIX Nor	orth Miami LLC
(a)		(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7700 N Kendall Dr. Suite 705	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7700 N Kendall Dr. Suite 705
	Miami, FI 33156	Miami, Fl 33156
	07/17/2015	M15000005660
(a)	Date of filing/registration in Florida Mike Verdeja	4. Document number
(a)	Registered Agent and Registered Office shown on the records of 7700 N Kendall Dr.	of the Florida Dept. of State:
	Registered Office Address Suite 705	(ADDRESS)
	Miami , FL	33156 L
(b)	Cofe Properties LLC	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:
	7700 N Kendall Drive	
	NEW Registered Office Address:	
	Suite 705	
	Miami , FL	33156 L
cha nt w s/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	* · · · · · · · · · · · · · · · · · · ·
		Printed or typed-name of signee
erel visio obli nere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I it is writing of this change.	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accided for in Chapter 605, F.S. Or, if this document is being fill I hereby confirm that the limited liability company has been
natur	re of Registered Agent	

INTEREST (5/14)