M16000003109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2023

BRUCE COANE
1250 E. HALLANDALE BLVD., SUITE PH-2
HALLANDALE BEACH, FL 33009

SUBJECT: COANE AND ASSOCIATES, PLLC, LLC.
Ref. Number: M16000003109

We have received your document for COANE AND ASSOCIATES, PLLC, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 323A00013728

RECEIVED
JUL 18 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coane and Associates, PLLC
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:

Bruce Coane
Name of Person

Coane and Associates, PLLC
Firm/Company

1250 E. Hallandale Beach Blvd #PH-2
Address

Hallandale Beach, FL 33009
City/State and Zip Code

bruce.coane@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Coane at (305) 491-1199
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

INIIS18 (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. Name of the limited liability company: Coane and Associates, PLLC

2. (a) Principal office address of limited liability company (*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of Limited liability company (*Note: MAY BE POST OFFICE BOX*)

1250 E. Hallandale Beach Blvd., #PH-2
Hallandale Beach, FL 33009

3. 4/12/2016 Date of filing registration in Florida

4. M16000003109 Document number

5. (a) Bruce Coane
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

1250 E. Hallandale Beach Blvd., #PH-2
Hallandale Beach FL 33009

(b) Jurgen Negron
Enter name of NEW Registered Agent and or NEW Registered Office address:

NEW Registered Office Address

1250 E. Hallandale Beach Blvd. #PH-2
Hallandale Beach FL 33009

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 of a member or authorized representative of a member

Jurgen Negron
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.

Signature of Registered Agent

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

(NHS15 (2-15)