Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE **GROOT COCOWALK LLC**

Certificate of Status	0
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Page Count	02
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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. N	ame of the limited liability company: GROOT COCOV	VALK LI	.c				
	1680 MERIDIAN AVENUE	(b) 1680 MERIDIAN AVENUE					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				y:
	SUITE 303		SUITE 303	3			
	MIAMI BEACH, FL 33139		міамі ві	EACH, FL 33139			
	02/05/2020		M200000014	131			
3.	Date of filing/registration in Florida	4.		Document number			
	GRUTMAN, DAVID			•			
5. (a)	Registered Agent and Registered Office shown on the records of 1680 MERIDIAN AVENUE	the Floric	a Dept, of State	:	2821 AUG SECHS IN ALL ARA		
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 303				-9 9	FILEB	
	MIAMI BEACH , FI	33139			FL (1)	AM 10: 00	
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:		교1 	00	
	Enter name of New Registered Agent and of Agent Registres	<u> </u>					
	801 US Highway 1						
	NEW Registered Office Address:						
	North Palm Beach , FI	33408					
chang agent	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 livere authorized by an affirmance vote of the members of the organization or the operating agreement of the	ws of the register ability c of the liz limited	ompany, it is nited liability liability com	hereby confirmed company or as oth pany.	that the c	hange(s)
	Way I	Ca	ios M Alvarez	. Attorney-in-Fact			
Sign	ature of a member authorized representative of a member			Printed or typed name			te etca
I here proving the ob- to men notifie	why accept the appointment as registered agent and agistions of all statutes relative to the proper and complete aligations of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change.	ree to ac perforn d for in hereby c	t in this capa lance of my d Chapter 605, confirm that t	wity. I further agre luties, and I am Jan F.S. Or, if this do he limited liability	re to com utiliar with cument is company	pty with h and a s being has be	n ine iccept filed en
-	ure of Registered Agent	Alvarez,	Special Secre	tary			
-	Division of Corporations P.O.	Box 632	7• Tallahas	see, FL 32314			