

M2500005028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

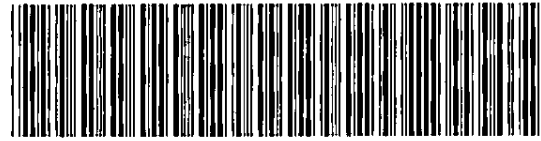
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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 09/25/2025

Acc#I20160000072

en: c D/H

Name:	Cocoa Leased Housing Associates III, LLC
Document #:	
Order #:	16559379

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
	Plain: ☐	
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cocoa Leased Housing Associates III, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana L. Henderson

Name of Person

Winthrop & Weinstine, P.A.

Firm/Company

225 South Sixth Street, Suite 3500

Address

Minneapolis, Minnesota, 55402

City/State and Zip Code

dhenderson@winthrop.com

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

For further information concerning this matter, please call:

Dana L. Henderson

at (612) 604-6477

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 | ☐ \$30 Filing Fee &
Certificate of Status | ☐ \$55 Filing Fee &
Certified Copy | ☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Cocoa Leased Housing Associates III, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M25000005628

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 04/18/2025

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____,
City

Florida

_____,
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
See Schedule A attached.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Auth</u>	<u>Adam Brookins</u>	<u>2905 Northwest Blvd, Suite 150</u>	☐ Add
		<u>Plymouth, MN 55441</u>	☒ Remove
<u>Auth</u>	<u>Scott E. Ewing</u>	<u>2905 Northwest Blvd, Suite 150</u>	☐ Add
		<u>Plymouth, MN 55441</u>	☒ Remove
<u>Auth</u>	<u>Christopher Lahna</u>	<u>2905 Northwest Blvd, Suite 150</u>	☐ Add
		<u>Plymouth, MN 55441</u>	☒ Remove
<u>Manager</u>	<u>Paul R. Sween</u>	<u>2905 Northwest Blvd, Suite 150</u>	☒ Add
		<u>Plymouth, MN 55441</u>	☐ Remove
<u>Manager</u>	<u>Mark S. Moorhouse</u>	<u>2905 Northwest Blvd, Suite 150</u>	☒ Add
		<u>Plymouth, MN 55441</u>	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

T2

Signature of the authorized representative

Timothy S. Allen

Typed or printed name of signee

Filing Fee: \$25.00

SCHEDULE A

TO

SECTION 8. – AMENDMENT CHANGES TO PERSON, TITLE OR CAPACITY

<u>TITLE CURRENT LISTED AS:</u>	<u>TITLE SHOULD BE CHANGE TO:</u>	<u>Name</u>	<u>Address</u>
MMAU	Authorized Representative	Timothy S. Allen	2905 Northwest Blvd, STE 150 Plymouth, MN 55441
MBR	Manager	Katessa G. Archer	2905 Northwest Blvd, STE 150 Plymouth, MN 55441
MGMB	Manager	Nicholas C. Andersen	2905 Northwest Blvd, STE 150 Plymouth, MN 55441