## NDIDDDDDDD5

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
| Office Use Only                         |



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| • COVER LETTER •   |    |
|--|----|
| O: Amendment Section<br>Division of Corporations   |    |
| UBJECT: Coconut Villas Condominium Assoc.  |    |
| Name of Corporation  |    |
| OCUMENT NUMBER: NO100002075  |    |
| he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin | g. |
| lease return all correspondence concerning this matter to the following:                   |    |
| Michael Blasi  |    |
| Name of Contact Person   |    |
| Coconut Villas Condo - President   |    |
| Firm/Company   |    |
| 3223 Virginia Street   |    |
| Address  |    |
| Miami, FL 33133  |    |
| City/State and Zip Code  |    |
| miblasi@yahoo.com  |    |
| E-mail address: (to be used for future annual report notification)                         |    |
|  |    |
| or further information concerning this matter, please call:                                |    |
| 305 ,801-7681 "Vichael Blasi   |    |

Name of Contact Person

Area Code & Daytime Telephone Number

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Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2018

MICHAEL BLASI COCONUT VILLAS CONDO 3223 VIRGINIA STREET MIAMI, FL 33133

SUBJECT: COCONUT VILLAS CONDOMINIUM ASSOCIATION, INC. Ref. Number: N01000002075

We have received your document for COCONUT VILLAS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must have original signatures.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 018A00023974

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of the co      | prporation: COCONUT VILLAS CONDOMINIUM ASSOCIATION, INC.  |
|----------------------------|---|
| 2. The principal offic     |   |
| 3. The mailing addre       | ss (if different):  |
| 4. Date of incorporat      | ion/qualification: 3/21/2001 Document number: N0100002075   |
| Florida Departmer          | et address of the current registered agent and registered office on file with the<br>it of State: (If resigned, enter resigned)<br>signed Michele + Associates CA.M.Inc.<br>O Crandon Blud Suite 55<br>EB Biscaure FL 33149 |
| (if changed):<br>Mi<br>322 | et address of the new registered agent (if changed) and /or registered office.<br>Chael Blasi<br>23 Virginia Street<br>P.O. Box NOT acceptable<br>ami, FL 33133-5217  |

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

officer or director

Michael Blasi - President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

signature of Registered Agent

11/7/2018

Date

If signing on behalf of an entity:

Michael Blasi

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)