(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	#)		
		_		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
Special metabolic to 1 ming officers				
<u> </u>				

Office Use Only



700263680537

09/02/14--01048--023 **35.0U

ROCHANGE

SEP 1 5 2014

T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: LORENE COOP APTS, INC

Name of Corporation

DOCUMENT NUMBER: |

NO 1000007715

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOROTHY BRESSIEUX

Name of Contact Person

LORENE COOP

Firm/Company

501 NE 82 TERR

Address

MIAMI, FL. 33138

City/State and Zip Code

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

For further information concerning this matter, please call:

DOROTHY BRESSIEUX

_305

754-1361

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

	provisions of sections 607.0502, 617.050. nge is submitted for a corporation organ			ites, this
in order	r to change its registered office or registe	ered agent, or both, in th	he State of Flori	da. (
1. The name of t	he corporation: LORENE CO-OPA	PTS, INC.		
2. The principal	office address: 501 NE 82 ST, MIA	AMI, ÉL 33138		
<u> </u>				
3. The mailing a	ddress (if different):		•	* :
4. Date of incorp	poration/qualification: 10/21/2001	Document number	r: NO10000	07715
	street address of the current registered ag tment of State: (If resigned, enter resigned		ce on file with th	ie
DIROBERTO,GIRARD				4
	20900 NE 30 AVENUE			SECH ALL/
	AVENTURA, FL 33138		<u> </u>	EP -2
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or re	egistered office	LED SEE.FLO PH 12:
	DOROTHY BRESSIEUX			RIDATE ATE
	501 NE 82 ST			
	P.O. Box NOT	acceptable		
The street address changed will	ss of its registered office and the street a be identical.	address of the business	office of its reg	istered agent,
Such change was authorized by the	s authorized by resolution duly adopted board, or the corporation has been not	by its board of director ified in writing of the cl	rs or by an offic hange.	er so
Donard	y Bresiley	DOROTHY BRE	SSIEUX	
I further agree to performance of t agent. Or, if this	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and act document is being filed merely to reflew that the corporation has been notified in	l agree to act in this cap tes relative to the prope cept the obligation of n ct a change in the regis	pacity. er and complete my position as r stered office add	? egistered dress, I
Double	Bresslest	DOROTHY BRE	SSIEUX	
Sign	ature of Registered Agent	Da	ite	
If signing on beh	alf of an entity:			
Ту	ped or Printed Name			

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