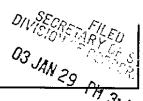
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Coco Plum Terraces Condominium Association, Inc. (Name of corporation) N40543 **DOCUMENT NUMBER:** 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: Terryl David (Name of person) Cocoplum Terraces Condominium Association, Inc. (Name of firm/company) 107 Ave D - # 215 Office (Address) Marathon, FL 33050 (City/state and zip code) For further information concerning this matter, please call: Terryl David (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Tallahassee, FL 32314

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

Pursuant to the provisions of .	sections 607.0502, 617.0502, 607.1508, or 617.1508, Fl	orida Statutes,
	nitted for a corporation organized under the laws of the St	tate of
Florida in order	to change its registered office or registered agent, or bot	th, in the State
of Florida.		
1. The name of the corporation:	Cocoplum Terraces Condominium Association, Inc.	ج
.2. The principal office address:	107 Avenue D # 215 Office	g _s
	Marathon, FL 33050	P
3. The mailing address (if differ	rent):(same)	
4. Date of incorporation/qualific	cation: 10/26/90 Document number: N405	543
5. The name and street address Florida Department of State:	of the current registered agent and registered office on file	with the
John J. Tarnov	vski	
109 Avenue D	- Unit # 302	
Marathon, FL	33050	
6. The name and street addres changed): John Rao	s of the new registered agent (if changed) and /or regist	ered office (if
8811 N.W. 8th 5	Street	
	(P.O. Box or personal mailbox NOT acceptable)	
Pembroke Pine	s, FL 33024	
The street address of its register agent, as changed will be ident	gred office and the street address of the business office of ical.	its registered
Such change was authorized by authorized by the board, or the	y resolution duly adopted by its board of directors or by a corporation has been notified in writing of the change.	n officer so
(Signature of an officer, chairman or vice chair	Terryl David, Vice-President (Printed or typed name and title)	
I hereby accept the appointment of further agree to comply with performance of my duties, and registered agent. Or, if this do office address, I hereby confirmation.	nt as registered agent and agree to act in this capacity, the provisions of all statutes relative to the proper and color in the proper and accept the obligation of my positive cument is being filed merely to reflect a change in the reflect a change in the reflect according of this in the corporation has been notified in writing of this	omplete on as gistered change.
(Signature of Registered	Agent) (Date)	
If signing on behalf of an entity:	_	
JOHN RAD (Typed or Printed Name)	SECRETARY (Company)	
(x)por or remore rame.	(Capacity)	

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