

P000000068125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

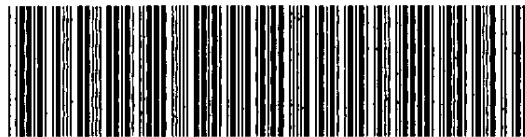
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800130893988

06/06/08--01008--012 **35.00

ד
ר
מ
ש

2008 JUN -6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB

6/9/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coconut Walk Estates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000068125

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:

MARCUS RIFF
(Name of Contact Person)

COCONUT WALK ESTATES
(Firm/Company)

11195 Tamiami Trail
(Address)

Punta Gorda, FL 33955
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCUS RIFF at (863) 385-8286
(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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLA.
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COCONUT WALK ESTATES, Inc.
2. The principal office address: 11915 Tamiami Trail
PUNTA GORDA, FL 33955
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7-17-2000 Document number: P00000068125

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael J. Marcus
317 NORTH Krome Ave.
Homestead, FL 33030

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARCUS RIFF
5050 HWY 27 SOUTH
(P.O. Box NOT acceptable)
Sebring FL 33870

FILED
2008 JUN -6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer or director)

Marcus Riff Pres.
(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]
(Signature of Registered Agent)

1-30-2008
(Date)

If signing on behalf of an entity:

Marcus Riff
(Typed or Printed Name)

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