

707000054565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

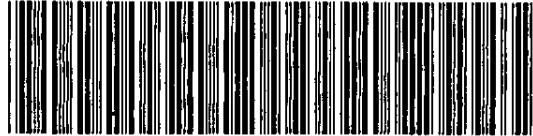
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600276431176

09/08/15--01006--004 **35.00

FILED
15 SEP -8 AM 7:12
SECRETARY OF STATE
ATLANTA, GEORGIA

SEP 15 2015
J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COCOAVITAL INC
Name of Corporation

DOCUMENT NUMBER: P07000054565

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:

DAVID KNIGHT

Name of Contact Person

COCOAVITAL INC.

Firm/Company

1463 SANDHILL ROAD STE 212

Address

CANDLER, NC 28715

City/State and Zip Code

dknight@vazzello.com

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

For further information concerning this matter, please call:

DAVID KNIGHT

Name of Contact Person

at 917 603-3680

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COCOAVITAL INC.
2. The principal office address: 1463 SANDHILL ROAD STE 212 CANDLER, NC 28715

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/04/2007 Document number: P07000054565

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THOMKA-GAZDIK, ANDREW

180 ROYAL PALM WAY SUITE 201

PALM BEACH, FL 33480

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

ROBERT FULLER CPA

4410 FOREST HILL BLVD

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33406

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

DAVID KNIGHT

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

09/01/2015

Date

If signing on behalf of an entity:

Robert Fuller
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)

FILED
15 SEP -8 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA