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2010 APR 26 PH Jui SECRETARY OF STA

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: COCONUT KEY COMPANY Name of Corporation	
·	
DOCUMENT NUMBER: PO8000090196	*** III
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	
Gregory W. Gould Name of Contact Person	
Name of Contact Person	
COCONUT KEY COMPANY	
Firm/Company	<del></del>
Lane 10091 Hidden Pines <del>Drive</del>	
Address	<del></del> ,
Panita Springs El 34135	· 1
Bonita Springs, FL 34135 City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report notifications)	tion)
2 main address. (to be doed to: ratare annual report notified	
For further information concerning this matter, please call:	_
Gregory W. Gould at (239) 68  Name of Contact Person Area Code & Daytime	7-8322
Name of Contact Person Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Mailing Address:Street Address:Amendment SectionAmendment Section	
Division of Corporations Division of Corp P.O. Box 6327 Clifton Building	orations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 60 nge is submitted for a co or to change its registere	orporation organize	d under the laws of t	he State of FL	ORIDA	
	he corporation: COC					
2. The principal	office address: 10091	Hidden Pines <del>D</del>	rive Lane			
	rings, FL 34135					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	10/02/2008	Document number	er: <u>P0</u>	8000090196	
	I street address of the cu tment of State: (If resign		nt and registered offi	ce on file with	the	
	Gregory W. Gould	-,		,		
	5630 NORTH BOI	RO DR #202			201 SF TAI	
	NAPLES FL 3411	0			2010 APR 26 SECRETAR TALLAHASS	7
6. The name and (if changed):	I street address of the ne	w registered agent (	if changed) and /or r	egistered office	APR 26 M 4: 29 CRETARY OF STATE LAHASSEE.FLORID	「「「
	Gregory W. Gould				STA.	•
	10091 Hidden Pin				<u>5</u> 6	
		P.O Box NOT ac	ceptable			
	Bonita Springs, FL	. 34135				
The street address changed will	ess of its registered offi be identical.	ce and the street ad	dress of the busines	s office of its	registered agent,	
Such change was authorized by the	as authorized by resoluthe board, or the corpora	tion duly adopted b tion has been notif	y its board of direct ied in writing of the	ors or by an or change.	fficer so	
Deg Signal	re of apprilicer or director	eld.	Greq Printed or ty	ory W. Goul	<u>ld</u>	
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to refle s been notified in writin	vistered agent and a visions of all statute ad accept the obliga ct a change in the r g of this change.	igree to act in this of exrelative to the pro- ition of my position egistered office add	capacity. oper and comp as registered ( lress, I hereby	lete performance agent. Or, if this confirm that the	
Dand	nature of Registered Agent	eld.	4.	12.1	0	
If signing on be	chalf of an entity:	•				
Sand	ra Goul	d				

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

MAKE CHECKS PAVABLE TO FLORIDA DEPARTMENT OF STA