P110000 31628

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COCONOT King MiAMI BEACH TWC, Name of Corporation
DOCUMENT NUMBER: P 11000031628
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:
MALCOLMN DAVID Regnald PRYOR II Name of Contact Person COCONOT Kim Mi Ami BEACH INC. Firm/Company 429 LeNOX Are Address Mieni Beach FL 33139 City/State and Zip Code COCONOT King Mi Am I BEACH O Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malcolm D. R. PRYOR II at (610) 203-3416 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CocoNUT King MiAMI BEACH JONE. 2. The principal office address: 429 Lewox Am MIAMI BEACH, FC 33139
2. The principal office address: 429 Lewox Am MIAMI BEACH, FC 33139
3. The mailing address (if different): 429 LINDS AND MIAME BEACH, FC 33139 4. Date of incorporation/qualification: 3201 Document number: \$\text{P1(000031628}\$
4. Date of incorporation/qualification: 03/2011 Document number: P1(3003/628
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)
Pryor, Malcolmy DAVED RIT
Tup Aur - Harborside 110 Front St. Suite #320 #32
Jup:ter FL 33477
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Pryor Malcolmo David Richards Signature (if changed) and for registered office (if changed):
175 Tresawa Blud #137
P.O Box NOT acceptable
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.
Malcolan David Liginald Proposition 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 of Registered Agent Q 2 2020 Date
If signing on behalf of an entity:
COCONST Kin Mi Ang Scacktone Me leilan Payor Thoughout Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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