P11000097090

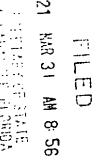
(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300363052553

03/31/21--01011--020 **420.00





COVER LETTER

Amendment Section Division of Corporations

· TO:

SUBJECT: Coconut Palm Capital Investors V Inc Name of Corporation			
DOCUMENT NUMBER: P11000097090			
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Richard C. Rochon			
Name of Contact Person			
Coconut Palm Capital Investors V Inc			
Firm/Company			
150 E. Palmetto Park Rd., Suite 800			
Address			
Boca Raton, FL 33432			
City/State and Zip Code			
malbrecht@rpcp.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please	call:		
Richard C. Rochon	at (561)955-7300		
Name of Contact Person	at (561)955-7300 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	artment of State.		
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of che	provisions of sections 607 ange is submitted for a cor er to change its registered	poration organize	d under the laws of the	e State of Florid	la	<u> </u>
1. The name of	the corporation: Coconut F	Palm Capital Investo	ors V Inc.			
	office address: 150 E. Paln			33432		
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 11/	9/2011	Document number	: <u>P11000097090</u>		
	d street address of the current of State: (If resigne	~ ~	nt and registered office	e on file with the	;	
	NRAI Services Inc.					
	1200 S. Pine Island Rd.					
	Plantation, FL 33324					
6. The name an (if changed):	d street address of the new	registered agent (if changed) and /or reg	gistered office		
	Judy A. Schweers			\$ 1 m	21	
	150 E. Palmetto Park Rd,			2.5	MAR	
	D D . El 22422	P.O. Box NO	OT acceptable		$\frac{\omega}{}$	
	Boca Raton, FL 33432				Æ	
The street addr as changed wil	ess of its registered office I be identical.	and the street add	lress of the business	office of in office	S	i agent,
Such change wauthorized by t	as authorized by resolution he board, or the corporation	on duly adopted by on has been notifi	vits board of director ed in writing of the c	s or by an offic hange.	er so	
	W	F	Richard C. Rochon, Pre	sident		
_	ire of an officer or director			d name and title		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and a ions of all statute. accept the obliga a change in the r of this change.	gree to act in this caps relative to the prope tion of my position as egistered office addre	pacity. er and complete s registered age ess, I hereby con	perfo nt. Oi ıfirm i	rmance r, if this that the
of	1-15%		3-23	3-21		
- Kij	gnature of Registered Agent		Di	ate		
If signing on be	chalf of an entity:					
-duoy	Marsam-Schw Typed or Printed Name	SEERS_				

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