## P97000000/25

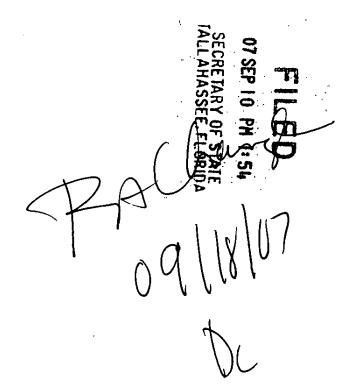
. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP · WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200109217552

09/10/07--01031--002 \*\*35.00



## **COVER LETTER**

Division of	Section Corporations	
SUBJECT: Coco	Islands Golf & Sports, Inc.	
	(Name of Co	rporation)
DOCUMENT NUM	1BER: P97000000125	
The enclosed Statem	ent of Change of Registered Office	Agent and fee are submitted for filing.
Please return all com	respondence concerning this matter	to the following:
5	Robert Ruiseco	
	(Name of Con	tact Person)
<u>C</u>	oco Islands Golf & Sports, Inc	
	(Firm/Co	mpany)
. 21	40 N.W. 74 Ave. #15	
01	40 N.VV. 74 AVE. #15 (Addr	ess)
		,
Me	edley, FL. 33166	·
_	(City/State and	Zip Code)
For further informat	ion concerning this matter, please ca	<b>ત્રી</b> :
Robert Ruiseco		at ( 305 ) 888-8684
(Nan	ne of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Departr	nent of State.
	Malling Address.	Street Address
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
		i alialiannee. I'L JAJU i

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

statement of cha	nge is submitted for a corporation	7.0302, 007.1308, or 617.1308, Florida organized under the laws of the State of registered agent, or both, in the State of	Florida		<del></del>
1. The name of	he corporation: Coco Islands Golf	& Sports, Inc.			
2. The principal	office address: 8140 N.W. 74 Ave.	#15 Medley, FL. 33166			**4.
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	Document number: P97000	0000125		
	I street address of the current registatment of State:	ered agent and registered office on file w	vith the		
	Mikael Sjostrom				
	10187 N.W. 87 Ave.				
•	Medley, FL. 33178				
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered o	SECRE	07 SE	- Poline
	Mikael Sjostrom		TAR) ASSI	5	. encounce
	7533 N.W. 3 St.		_#\ <u>#</u>	3	m
	Plantation, FL. 33317	ceptable)	STATE	÷5:	O
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its regist	tered a	igent,
Such change wanthorized by the	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	ın officer	: so	
• Mil	ure of an officer or director)	Mikael Sjostrom, President (Printed or typed name an	त धर्मह)	<del></del>	
I hereby accept I further agree of my duties, an document is be		ent and agree to act in this capacity. Il statutes relative to the proper and co he obligation of my position as register e in the registered office address, I her hange.	omplete p red agent eby conf	perfori t. Or, irm th	mance if this at the
• ////(SI	gnature of Registered Agent)	8-22-07 (Date)			
If signing on be	half of an entity:				
Mikael Sjostro	om				
C	yped or Printed Name)				

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