

PD2000040768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

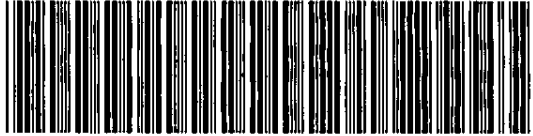
(Business Entity Name)

(Document Number)

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09/29/14--01022--022 \*\*35.00

14 SEP 29 PM 12:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. Lewis  
10-8-14



**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: COOLLAWYER INC.  
2. The principal office address: 1007 N FEDERAL HWY, #182, FORT LAUDERDALE, FL 33304  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 4/15/2002 Document number: P02000040768

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)

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301

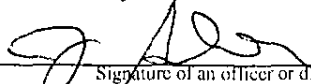
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JUDITH SILVER  
1007 N FEDERAL HWY, #182  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33304

14 SEP 29 PM 12:41  
DIVISION OF CORPORATIONS


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 of an officer or director

J Silver  
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

9/25/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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