

634721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

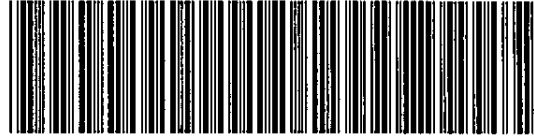
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-10-15

CRm
2-11-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

DAVID ROCKLEIN
COOPER APPLIANCES INC
800 S OSPREY AVE
SARASOTA, FL 34236

SUBJECT: COOPER APPLIANCES, INC.
Ref. Number: 634721

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TALLAHASSEE FLORIDA

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 915A00002900

RECEIVED
DIVISION OF CORP. REG.
TALLAHASSEE, FLORIDA

15 MAR -9 PM 12:49

RECEIVED

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COOPER APPLIANCES INC

DOCUMENT NUMBER: 634721

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID ROCKLEIN

Name of Contact Person

COOPER APPLIANCES INC

Firm/ Company

800 S OSPREY AVE

Address

SARASOTA FL 34236

City/ State and Zip Code

JOE@SUPLEE-SHEA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID ROCKLEIN

Name of Contact Person

at (941)

518-4130

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 MAR -9 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SUPLEE SHEA CRAMER & ROCKLEIN PA
CERTIFIED PUBLIC ACCOUNTANTS

T. RAYMOND SUPLEE CPA
NORMAN J. SHEA III CPA
THOMAS R. CRAMER CPA
JOSEPH E. ROCKLEIN III CPA

January 31, 2015

Cooper Appliances, Inc.
Attn: Dave Rocklein
327 Pearl Ave
Sarasota FL 34243

FILED
15 MAR -9 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Articles of Amendment

Dear Dave:

Enclosed please find Articles of Amendment to Articles of Incorporation of Cooper Appliances, Inc. Effective January 30, 2015, the name of your corporation will be change to DMR Consulting, Inc. with the State of Florida.

Please sign and date on the last page and mail it along with a check for \$43.75 payable to the Florida Department of State for the filing fee and a Certificate of Status.

If you have any questions please do not hesitate to contact our office.

Sincerely,

Joseph R. Rocklein, III, CPA

Enclosures

JER:caj

Articles of Amendment
to
Articles of Incorporation
of

COOPER APPLIANCES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

634721

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

DMR CONSULTING OF SARASOTA INC

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O SUPLEE SHEA CRAMER & ROCKLEIN PA

800 S OSPREY AVE

SARASOTA FL 34236

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS PRINCIPAL

ADDRESS

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 01/30/2015, if other than the date this document was signed.

Effective date if applicable: 01/30/2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

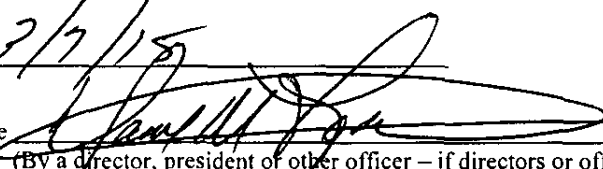
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 3/17/15

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID ROCKLEIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)