

A960000001675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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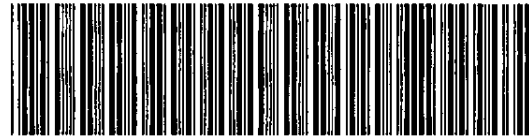
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 17 2013
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Israel Cohen Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001675

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elaine M. Cohen

Contact Person

Witman Stadtmauer, PA

Firm/Company

26 Columbia Turnpike

Address

City, State and Zip Code

Florham Park, NJ 07932

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

For further information concerning this matter, please call:

Elaine M. Cohen

at (973) 822-0220

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

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

MAILING ADDRESS:

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

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Israel Cohen Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/05/1996 3. A96000001675
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Howard Cohen

Name

7075 Queenferry Circle

Florida street address (P.O. Box not acceptable)

Boca Raton FL 33496

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Howard S. Cohen CO TRUSTEE
Signature of General Partner

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 obligations of my position as registered agent.

Howard S. Cohen
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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