## Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

## REGISTERED AGENT CHANGE

COOPER NOTIFICATION, INC.

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502 statement of chance is submitted for a corporal	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delaware
	e or registered agent, or both, in the State of Florida.
1. The name of the corporation; Cooper Notifica	ation, Inc.
2. The principal office address: 7565 COMMBR	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/22/20	02 Document number: F02000003750
<ol> <li>The name and street address of the current re Florida Department of State;</li> </ol>	gistered agent and registered office on file with the
LONGWELL, ALAN G	
6278 BLACKHERRY ST.	
ENGLEWOOD FL 34224 US	
(if changed):	tered agent (if changed) and /or registered office  Corporation System
c/o C T Corporation	System, 1200 South Pine Island Road
(P.O. Box NO	
Plan	tation, Florida 33324
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution dul authorized by the board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
Summer of an officer of fifection	Barbara Widra/ Assistant Secretary (Phuled or typed mene and title)
<b>, , , , , , , , , , , , , , , , , , , </b>	agent and agree to act in this capacity, by all statutes relative to the proper and complete performance by the obligation of my position as registered agent. Or, if this tage in the registered office address, I hereby confirm that the ts change.
If signing on behalf of an entity: Stephanie Allison	
Assistant Secretary	·

\* \* \* FILING FEE: \$35,00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, VL 32314 CR2E045 (8/05) DIVISION OF CORPORATION