1/ 17/ 2020	16:04 <sup>°</sup>		.001/003
J/2020	Division d	artmentiof State of Corporations ilingCover Sheet	5
-	Note: Please print this page and use i (shown below) on the top and	t as a cover sheet. Type the fax audit number bottom of all pages of the document.	
	(((H2000	00018580 3)))	
		0185603ABCY	
	I	OAD button on your browser from this page. crate another cover sheet.	
۳۰ ۱	To: Division of Corporations Fax Number : (850)61		
	From: Account Name : URS AGE Account Number : I201500 Phone : (800)56 Fax Number : (800)56	100127 57-4397 57-4398	
	annual report mailings. Ente	s business entity to be used for future r only one email address please.** rson@urscompliance.com	
т. Т.	REGISTERED COOK MARAN	AGENT CHANGE	F I L 20 JAH 17
	Certificate of Status Certified Copy Page Count		
~ 00	Page Count	01	9 3 3
c	Estimated Charge	\$35.00 (D) <sup>3</sup>	
F	Electronic Filing Menu Corporat	te Filing Menu Help JAN	21 2077

•

7/2020 15:04	(FAX) P.002/003
((()	120000018580 3)))
COV	ER LETTER
TO: Amendment Section Division of Corporations	
	ASSOCIATES, INC.
Name	of Corporation
document number: F040000	0655
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	n Ma Chan
	of Contact Person
	& ASSOCIATES, INC.
	rm/Company
40 MARCUS D	RIVE, 3RD FLOOR
MELVIL	LE, NY 11747
City/S	tate and Zip Code
rhenderson@u	scompliance.com
	for future annual report notification)
For further information concerning this matter, p	lease call:
Nathaniel Walden	
Name of Contact Person	at (800) 277-9977 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	
Mailing Address:	Street Address: Amendment Section
Amendment Section Division of Corporatio	
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
CR2E045 (03/12)	
	(H20000018580 3)))

9

ŝ

ØÐ

1	(H20000018580	
	EH 20000000 8580	5 1 1

## 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 <u>New York</u> \_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

## 1. The name of the corporation: COOK MARAN & ASSOCIATES, INC.

2. The principal office address: 40 MARCUS DRIVE, 3RD FLOOR, MELVILLE, NY 11747

3. The mailing address (if different):\_

4. Date of incorporation/qualifier	cation: 01/27/2004	Document number: F0400000655	

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Koumph	Machan_
' Signature of	an officer or director

Karman Ma Chan, Treasurer

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.

Assistant Secretary mature of Registered Agent

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

CR2E045 (03/12)

(((H20000018580 3)))