## F08000002425

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Jan John



Toll Free (800)899-8648 Voice (914)949-9188 Fax (914)949-9618

June 14, 2010

RE: COGAN USA, INC.

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

To Whom It May Concern:

Enclosed please find a Statement of change the registered agent information for the above together with our check to the Department of State for 35.00

Please file on a Routine basis, returning a stamped copy as evidence in the attached self addressed stamped envelope.

If you have any questions, please feel free to contact the undersigned at 877-894-9049 ext 217.

Sincerely,

**Dolores Burton** 

**Project Associate** 

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

statement of char	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize r to change its registered office or registere	ed under the laws of the State of $\overline{ ext{Nc}}$	w York
1. The name of the	ne corporation: Cogan USA Inc.		
2. The principal	office address: 134 Boynton Avenue, Pl	lattsburgh, NY 12901	
3. The mailing a	ddress (if different):		4
4. Date of incorp	poration/qualification: 5/30/2008	Document number: F0800000	2425
	street address of the current registered age tment of State:	ent and registered office on file with	the
	Corporation Service Company		
	1201 Hays Street		<b>7</b>
	Tallahassee, FL 32301		
Tallahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	United Corporate Services, Inc.		3: 22 SI ATE LORID
	9200 South Dadeland Blvd. Suite 50	98	Am 0
	(P.O. Box NOT acceptable)		
	Miami, FL 33156		
	ess of its registered office and the street a be-identical.  as authorized by resolution duly adopted the board, or the corporation has been not		
authorized by th	ne boatu, or the corporation has been non	Derek Goddard, President	
(Signati	ure of an officer or director)	(Printed or typed name and tit	<u>le)</u>
I furthér agrée of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this v confirm that the
By:	orporate Services, Inc.  gnature of Registered Agent)	6/11/2010	
If signing on be	chalf of an entity:		
Michael A. B	-		
(	Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	