

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000122930 3)))



H160001229303ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
COOPER GAY RE, LTD, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	054
Estimated Charge	\$35.00

MAY 20 2016

A RAMSEY

Electronic Filing Menu

Corporate Filing Menu

Help

5/19/2016 4:11:56 PM From: To: 8506176380(2/4)
850-817-6381 5/19/2016 12:08:45 PM PAGE 1/001 Fax Server



May 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COOPER GAY RE, LTD, INC.
7230 MCGINNIS FERRY ROAD, STE. 300
SUWANEE, GA 30024

SUBJECT: COOPER GAY RE, LTD, INC.
REF: F10000002449

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please fill in the principal office address on line 2 of the registered agent change form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H16000122930
Letter Number: 016A00010616

16 MAY 19 PM 4:54

P.O BOX 6327 - Tallahassee, Florida 32314

5/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COOPER GAY RE, LTD., INC.

Name of Corporation

DOCUMENT NUMBER: F10000002449

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____)

Area Code & Daytime Telephone Number

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

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

CR2E045 (03/12)

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COOPER GAY RE, LTD, INC.
2. The principal office address: 7230 McGinnis Ferry Road, Ste. 300
Smyrna, GA 30024
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/25/2010 Document number: F10000002449

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

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 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.

Maria Ozacta

Signature of an officer or director

Maria Ozacta, Vice President

Printed or typed name and title

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.

By: C T Corporation System

Signature of Registered Agent

5/18/2016

Date

If signing on behalf of an entity:

Alfred Younan
Assistant Secretary

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

CR2E043 (03/12)