

F11000003422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

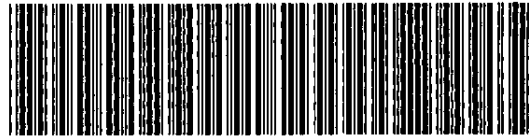
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

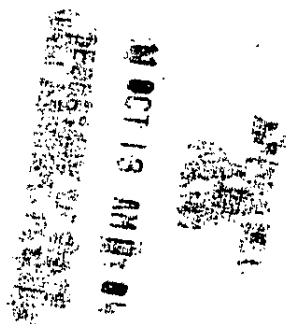
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cocke, Finkelstein, Inc.
Name of Corporation

DOCUMENT NUMBER: F11000003422

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:

Katie Thurman
Name of Contact Person

eResidentAgent, Inc.
Firm/Company

12121 Wilshire Blvd, Suite 1201
Address

Los Angeles, CA 90025
City/State and Zip Code

eteam@eminutes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Thurman at (310) 820-1000
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2011

KATIE THURMAN
12121 WILSHIRE BLVD STE 1201
LOS ANGELES, CA 90025

SUBJECT: COCKE, FINKELSTEIN INC.
Ref. Number: F11000003422

We have received your document for COCKE, FINKELSTEIN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 611A00022113

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

1. The name of the corporation: Cockey Einkelstein, Inc.

2. The principal office address: 1801 Peachtree St, Suite 200, Atlanta, GA 30309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/23/2011 Document number: F11000003422

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)

Registered Agents Legal Services, LLC

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

eResidentAgent, Inc.

236 E 6th Ave

P.O. Box NOT acceptable

Tallahassee, FL 32303

OCT 19 AM 10:04

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.

[Signature]
Signature of an officer or director

W. Byron Cockey, 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.

[Signature]
Signature of Registered Agent

10/3/11
Date

If signing on behalf of an entity:

eResidentAgent, Inc.
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