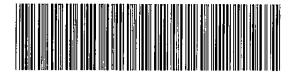
| (Req                                    | uestor's Name)  |             |  |
|---|-----------------|-------------|--|
| (Add                                    | ress)           |             |  |
| (Add                                    | ress)           |             |  |
| (City/                                  | /State/Zip/Phon | e #)        |  |
| ☐ PICK-UP                               | WAIT            | MAIL        |  |
| (Busi                                   | ness Entity Nar | me)         |  |
| (Document Number)                       |                 |             |  |
| Certified Copies                        | Certificates    | s of Status |  |
| Special Instructions to Filing Officer: |                 |             |  |
|   |                 |             |  |
|   |                 |             |  |
|   |                 |             |  |





500432574895

RECEIVED



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 08/01/2024        |   |                                  | ₩ALK IN  |
|------------------------|---|----------------------------------|----------|
| ENTITY NAME CODD, FO   | endley & Associates In                                | nc.                              |          |
|                        |   |                                  |          |
| DOCUMENT NUMBER_       |   |                                  |          |
|                        | **PLEASE FILE THE                                     | ATTACHED AND RETURN**            |          |
| xxxxxxxxx              | Plain Copy  |                                  |          |
|                        | Certified Copy  |                                  |          |
|                        | Certificate of Status                                 |                                  |          |
| ***                    |   | LLOWING FOR THE ABOVE ENTITY**   |          |
|                        | Certified Copy of Arts C<br>Certificate of Good Stand |                                  |          |
|                        |   | ung                              |          |
|                        | **APOSTILLE' / NO                                     | OTARIAL CERTIFICATION**          |          |
| COUNTRY OF DESTINAT    | TON   | <u> </u>                         |          |
| NUMBER OF CERTIFICAT   | TES REQUESTED   |                                  |          |
| TOTAL OWED \$35        |   | ACCOUNT #: I201600000            | 72       |
|                        |   | S 8 7/10                         |          |
| Please call Tina at th | be above number for a                                 | ny issues or concerns. Thank you | so much! |

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: COBB, FENDLEY & ASSOCIATES.            | , INC.  |  |
|---|---|--|
| Name of Corporation                             |   |  |
| DOCUMENT NUMBER: F14000000223                   |   |  |
| The enclosed Statement of Change of Registered  | ed Office/Agent and fee are submitted for filing.         |  |
| Please return all correspondence concerning thi | is matter to the following:                               |  |
| Jeff Maronn                                     |   |  |
| Name of Contact Person                          | <del></del>   |  |
| Harbor Compliance                               |   |  |
| Firm/Company                                    |   |  |
| 1830 Colonial Village Lane                      |   |  |
| Address   |   |  |
| Lancaster, PA 17601                             |   |  |
| City/State and Zip Code                         |   |  |
| jmaronn@harborcomplianco                        | e.com   |  |
| E-mail address: (to be used for future annua    | al report notification)                                   |  |
| For further information concerning this matter, | please call:  |  |
| Jeff Maronn                                     | 31 ( 717 ) 940-7566                                       |  |
| Name of Contact Person                          | at (717 ) 940-7566  Area Code & Daytime Telephone Number  |  |
| Enclosed is a \$35.00 check made payable to the | e Department of State.                                    |  |
| Mailing Address: Amendment Section              | Street Address: Amendment Section                         |  |
| Division of Corporations                        | Division of Corporations                                  |  |
| P.O. Box 6327                                   | The Centre of Tallahassee                                 |  |
| Tallahassee, FL 32314                           | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |  |

CR2E045 (04/13)