

F18000000175

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6388

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: ediponio@cookfox.com

REGISTERED AGENT CHANGE
COOKFOX ARCHITECTS, D.P.C., INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2021 DEC -8 AM 7:26

ALLSTATE
CORPORATE
SERVICES, FL

2021 DEC 18 PM 12:41

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COOKFOX Architects, D.P.C., Inc
Name of Corporation

DOCUMENT NUMBER: F18000000175

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:

Katherine Bonnet

Name of Contact Person

Milber Makris Plousadis & Seiden

Firm/Company

100 Manhattanville Road, Suite 4E20

Address

Purchase, NY 10577

City/State and Zip Code

ediponio@cookfox.com

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

For further information concerning this matter, please call:

Katherine Bonnet

at (914) 231-8089

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: Cookfox Architects, D.P.C., Inc.
2. The principal office address: 250 West 57th Street, 17th Floor, New York, New York 10107
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/12/2018 Document number: F18000000175
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)

Resigned

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

Registered Agent Solutions, Inc.

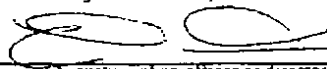
155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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 of an officer or director

Emilio DiPonio

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 of Registered Agent

12/01/2021

Date

If signing on behalf of an entity:

Sal Abocasis, Ass: Secty

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 (04/13)

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