

F1800000 3925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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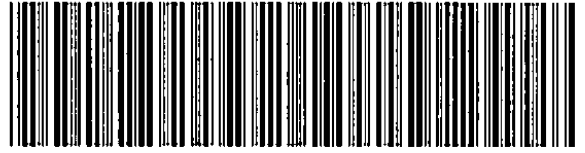
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL -5 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cohen Business Services, Inc

Name of Corporation

DOCUMENT NUMBER: F18000003925

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:

Don Cohen

Name of Contact Person

Cohen & Company, Inc

Firm/Company

4677 Belvedere Cir

Address

Pace, FL 32571

City/State and Zip Code

don@cohenandcompanyinc.com

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

For further information concerning this matter, please call:

Don Cohen

Name of Contact Person

at (850) 910-4796

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

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

1. The name of the corporation: Cohen Business Services, Inc
2. The principal office address: 4677 Belvedere Cir Pace FL 32571

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/2018 Document number: F18000003925

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)

Don Cohen

4297 Winners Gait Cir

Pace FL 32571

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

Don Cohen

4677 Belvedere Cir

P.O. Box NOT acceptable

Pace FL 32571

SECRET
DIVISION OF STATE
TALLAHASSEE, FL

2019 JUN 24 PM 3:02

FILED

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.

Don Cohen
Signature of an officer or director

Don Cohen, 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.

Don Cohen
Signature of Registered Agent

6.21.19

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***