

9/13/2021 4:10 PM

BEALD

WEINBERG

Division of Corporations

No. 7400

P.

F1800004613

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

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

Email Address: _____

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**REGISTERED AGENT CHANGE
COCOONING ELECTRONICS LTD. INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

1. The name of the corporation: COCOONING ELECTRONICS LTD. INC
2. The principal office address: 247 W 37TH STREET, STE 704
NEW YORK, NY 10018
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/04/2018 Document number: F18000004613
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)

INCORPORATING SERVICES, LTD.

1540 GLENWAY DRIVE

TALLAHASSEE, FL 32301

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

INCORPORATING SERVICES, LTD.

1540 GLENWAY DRIVE

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.

Kim Michels
Signature of an officer or director

KIM MICHELS, CEO

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.

Melissa Moreau, Asst.
Signature of Registered Agent

09/13/2021

Date

If signing on behalf of an entity:

MELISSA A. MOREAU, ASSISTANT SECRETARY

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
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