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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Email Address: _____

**REGISTERED AGENT CHANGE
COHEN ASSOCIATES, P.A. INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

JUL 26 2021
S. PRATHEP

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

1. The name of the corporation: COHEN ASSOCIATES, P.A. INC.
 2. The principal office address: 9621A SOLANA VISTA LOOP, AUSTIN, TX 78750

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/2018 Document number: F18000005191

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)

BRYANT TAYLOR LAW PLLC

333 LAS OLAS WAY #416

FORT LAUDERDALE, FL 33301

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

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Fl

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.

Roberta Cohen

Signature of an officer or director

Roberta 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.

Delanie Case

Signature of Registered Agent

7/22/2021

Date

If signing on behalf of an entity:

Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, 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

CR2B045 (04/13)

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 2021 JUL 23 AM 8:11
 TALLAHASSEE, FL 32314
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