

# F18000005253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

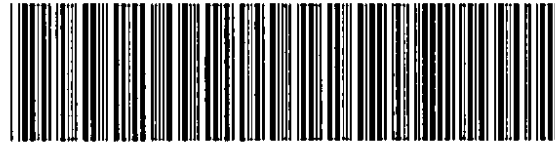
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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July 6, 2022

**VIA FEDERAL EXPRESS**

Florida Department of State  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**CO Architects, Inc.**

Dear Sir / Madam:

I am writing to submit the Statement of Change of Registered Office or Registered Agent or Both for Corporations for CO Architects along with the fee of \$35.00.

Thank you for your attention to this matter. Please contact me with any questions at 844-554-2367 ext. 704 or [mpoliski@licensesure.biz](mailto:mpoliski@licensesure.biz).

Sincerely,

A handwritten signature in black ink that reads "Maria Poliski". The signature is fluid and cursive, with the first name "Maria" and last name "Poliski" clearly distinguishable.

Maria Poliski

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CO ARCHITECTS, INC  
Name of Corporation

**DOCUMENT NUMBER:** F18000005253

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:

Maria Poliski

Name of Contact Person

LicenseSure LLC

Firm/Company

801 Second Avenue

Address

New York, NY 10017

City/State and Zip Code

mpoliski@licensesure.biz

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

For further information concerning this matter, please call:

Maria Poliski

Name of Contact Person

at ( 844 ) 554-2367

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

2022 JUL -7 4:11:24

**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: CO Architects, INC
2. The principal office address: 5750 Wilshire Blvd., Suite 550, Los Angeles, CA 90036
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/15/2018 Document number: F18000005253
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):

LicenseSure LLC

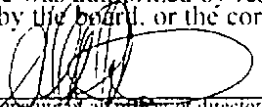
1400 Village Square Blvd #3-85007

P.O. Box NOT acceptable

Tallahassee, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

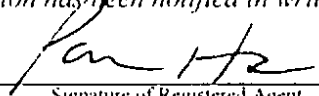
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Stephen Epstein, Officer

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

June 24, 2022

Date

If signing on behalf of an entity:

Patricia Harris

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)