Division of Corporations 0600000000000000000000000000000000000
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To: Division of Corporations *RE-SUBMIT* Fax Number : (850) 517-5:180
From: Account Name Account Number Phone Fax Number **Enter the email address for this business entity to be used for future
annual report mailings. Enter only one enail address please.**
REGISTERED AGENT CHANGE COHR INC.
We 1/2ger

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

COHR INC.

Name of Corporation

DOCUMENT NUMBER:______F9600000466

÷.,

The enclosed Statement of Change of Registered Office/Agent and its are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lilly Dorsa

Name of Contact Person

ARAMARK CORPORATION

Firm/Company

1101 Market Street, ARAMARK Tower, 29th Floor

Address

Philadelphia, PA 19107

City/State and Zip Code

Dorsa-Lilly@Aramark.com

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

For further information concerning this matter, please call:

Lilly Dorsa	at (215	238-3261
Name of Contact Person	Area Code 8	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 Teilahassee, FL 32301 -¹⁹

CR2E045 (8/05)

FL006 - 07/23/3808 C T System Online

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

). The name of the corporation: _____

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2. The princips	l office address: 1101 Mar	clohik, PH	1 19112		
3. The mailing					
4. Date of inco.	poration/qualification:	01/26/1996	Document number:	F9600000466	_
5. The name an Florida Depa	d street address of the curr utment of State: (If resigne	ent registered ages d, enter resigned)	nt and registered office on fil	e with the *	
	NRAI SERVICES, INC				
	2731 EXECUTIVE PARK	DR			
	WESTON FL 3331 US			- 23	
6. The name an (if changed):	d street address of the new	registered agent (if changed) and /or registered	i office	0
	C T Corporation System				
	c/c C T Corporation Syste	m, 1200 South Pine	s Island Rosd		
	Plantation, Florida 33324	P.O. Box NOT po	ocpuble		
The street addr as changed wil	ess of its registered office l be identical.	and the street ad	dress of the business office	of its registered agent,	
Such change w	as authorized by resolution he board, or the corporation	n duly adopted b on has been notif	y its board of directors or b ed in writing of the change	y an officer so	
4			Georg : Gaue in 1	-	
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as regis to comply with the provis ud I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	gree to ac' in this capacity, s relative to the proper and tion of my position as regis egistered cifice address, I h	complete performance tered agent. Or, if this ereby confirm that the	
N CT	Corporation System		1 /22/11	<u>.</u>	
	shalf of an entity:	xecial Assistant	Secretary		

on behalf of an

Car paration System Typed or Privated 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

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