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(Re	equestor's Name)	
(Ac	ldress)	
(Āc	idress)	
(Ci	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Copeland Properties Inc. (Name of corporation)
DOCUMENT NUMBER: LOIOII
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:
Daniel M. Copeland (Name of person)
Daniel M. Copeland attorney at Law P.A. (Name of firm/company)
9310 Old Kings Road South Bldg 15 - Suite 1.
Jacksonville Fl 32257 (City/state'and zip code)
For further information concerning this matter, please call:
(Name of person) at (904) 482 - 0616 (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 409 E. Gaines Street Tallahassee, FL 32399

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, F	
change is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Florida.	floriaa in order
1. The name of the corporation: Copeland Properties	Inc.
1. The name of the corporation: Copeland Properties 2. The principal office address: 9310 Old Kings Rd So. Bldg Jackonville Fl 32257	15 - Sik 1501
Jackonville, Fl 32257	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/07/1989 Document number:	201011
5. The name and street address of the current registered agent and registered office on Florida Department of State:	of the with the TALLAHASS
Daniel M. Copeland	AHA PARTA
Vaniel M. Copeland 4686 Sunbeam Rd Suite TV II Towns	SSEE.
Jacksonville FT 32257	M 3: 43
	验 53
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	ered office
Daniel M. Copeland	
Daniel M. Copeland 9310 Old Kings Rd So. Bi (P.O. Box or personal mulibox NOT acceptable)	ldg 15 - Suite 1501
(P.O. Box or personal midibox NOT acceptable)	- 0
Jackonville, Fl 32257	
The street address of its registered office and the street address of the business offichanged will be identical.	ice of its registered agent, as
Such change was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the change.	or by an officer so authorized by
$C \times D \cap D$,
	d Copaland or typed name and little)
I hereby accept the appointment as registered agent and agree to act in this capace I further agree to comply with the provisions of all statutes relative to the proper of auties, and I am familiar with and accept the obligation of my position as register being filed merely to reflect a change in the registered office address, I hereby conbeen notified in writing of this change.	ity. Ind complete performance of my ed agent. Or, if this document is afirm that the corporation has
	,
(Signature of Registered Agent)	7 / 0 4 (Date)
If signing on behalf of an entity:	•
(Typed or Printed Name)	(Capacity)

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