

205 0000009182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

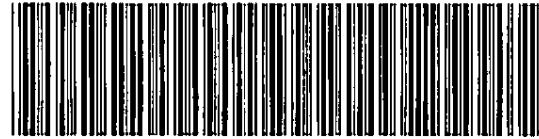
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

SEP 20 2022

S. PRATHER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Gail S. Cohen LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail S. Cohen

\_\_\_\_\_  
Name of Person

Gail S. Cohen LLC

\_\_\_\_\_  
Firm/Company

1239 Ocean Shore Blvd., Unit 12B2

\_\_\_\_\_  
Address

Ormond Beach, Florida 32176

\_\_\_\_\_  
City/State and Zip Code

zevandgail@hotmail.com

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

For further information concerning this matter, please call:

Gail S. Cohen

386

212-6610

\_\_\_\_\_  
at ( ) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Gail S. Cohen LLC

1. Name of the limited liability company: 1239 Ocean Shore Blvd.
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Unit 12B2  
Ormond Beach, FL 32176  
01/28/2005
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Unit 12B2  
Ormond Beach, FL 32176  
1,050,000,09182
3. Date of filing/registration in Florida  
Riggio, Robert J.
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
400 S. Palmetto Ave.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Daytona Beach 32114  
FL  
John Svajko
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
141 Sage Brush Trail  
NEW Registered Office Address:  
Suite D  
Ormond Beach 32174  
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gail S. Cohen  
Signature of a member or authorized representative of a member

Gail S. Cohen

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]  
Signature of Registered Agent

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