

L10000022450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

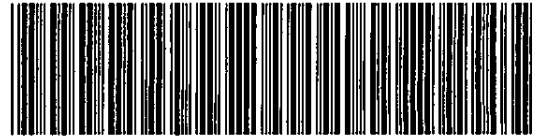
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. BRUCE

FEB 14 2011

EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2010

SEAN P. COX
P.O. BOX 3056
BRANDON, FL 33509

SUBJECT: COX LAW GROUP, PLC
Ref. Number: L10000022450

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11 FEB 14 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COX LAW GROUP, PLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00027887

COVER LETTER

TO: Registration Section
Division of Corporations

Cox Law Group

SUBJECT:

D/B/A Cox Law, PLC

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:

Sean P. Cox

Name of Person

Cox Law Group

D/B/A Cox Law PLC

Firm/Company

150 E. Bloomingdale Ave Ste. 130

Address

Brandon FL 33511

City/State and Zip Code

Sean@coxlawplc.com

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

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11 FEB 14 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sean Cox

Name of Person

at

(813) 315-2532

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 608.416 or 608.508, 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.

1. Name of the limited liability company: Cox Law Group
01/16/11 Cox Law PLLC
2. (a) Principal office address of limited liability company: 150 E. Bloomingdale Ave
Ste. 130
Brandon, FL 33511
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 150 E. Bloomingdale Ave.
Ste. 130
Brandon, FL 33511
(Note: **MAY BE POST OFFICE BOX**)
- 3-1-10
3. Date of filing/registration in Florida
4. Document number L10000022450

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Sean P. Cox

Registered Office Address:

150 E. Bloomingdale Ave
Ste. 130
Brandon FL 33511

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Sean P. Cox

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

150 E. Bloomingdale Ave.
Ste. 130
Brandon, FL 33511

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.

Signature of a member or authorized representative of a member

Sean P. Cox

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity, 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 provided for in Chapter 608, 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 the change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
11 FEB 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL 32304