

2/25/2015 12:54:30 From: To: 0506176380

Division of Corporations

L14000136289 1/3)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000048916 3)))



H150000489163ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 FEB 25 PM 2:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
COHEN ORLANDO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

15 FEB 25 AM 9:24

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COHEN ORLANDO, LLC

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:

Susan Rossetti

Name of Person

Cohen Orlando, LLC

Firm/Company

4104 Pine Tree Drive, Apt 1226

Address

Miami Beach, FL 33140

City/State and Zip Code

srossetti@knology.net

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

For further information concerning this matter, please call:

Susan Rossetti

Name of Person

at (727) 216-3533

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

INHS18 (2/14)

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.

1. Name of the limited liability company: COHEN ORLANDO, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4104 Pine Tree Drive, Apt 1226
Miami Beach, FL 33140
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4104 Pine Tree Drive, Apt 1226
Miami Beach, FL 33140
3. 09/30/2014
Date of filing/registration in Florida
4. L14000136289
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Buchanan Ingersoll & Rooney PC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
501 E. Kennedy Blvd - Ste 1700
Tampa, FL 33602

- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Susan Rossetti
Signature of a member, or authorized representative of a member

Susan Rossetti
Printed or typed name of signer

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.

By: Margaret E. Routz
Signature of Registered Agent

MARGARET E. ROUTZ
Special Assistant Secretary

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

NHS18 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 25 AM 9:24