L73000097857

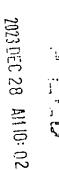
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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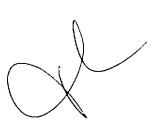
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2023

DONALD COOK 6 JESSICA LN WAKEFIELD, MA 01880-1251

SUBJECT: COOK SIGNATURE GROUP LLC

Ref. Number: L23000097851

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 023A00027406

JULU 2 J 202.

COVER LETTER

TO:

Registration Section

COOK SIGNATURE GROUP LLC	
SUBJECT: Name of Limite	d 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:
DONALD COOK	
Name of Person	
COOK SIGNATURE GROUP LLC	2
Firm/Company	023 C
13010 POSITANO CIR APT 303	2
Address	
NAPLES, FL 34105	2023 DEC 28 AN 10: 02
City/State and Zip Code	 %
cooksignaturegroup@gmail.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
DONALD COOK 617 at (281-6666
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
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.

I. Na	ame of the limited liability company: COOK SIGNATI	URE GE	ROUP	LLC				
2. (a)	13010 POSITANO CIR		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NAPLES FL 34105					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
	NAPLES FL 34105							
	02/23/2023		L2:	30000978	351			
3. 5. (a)	Date of filing/registration in Florida KIDWELL & ASSOCIATES	4.			Document nu	ımber		
J. (u)	Registered Agent and Registered Office shown on the records of 28179 VANDERBILT DR	the Flori	ida De	pt. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u>-</u>			
	BONITA SPRINGS , FI	34134 L			- -	.:	2023 DEC	
(b)	DONALD COOK					2 -	C 28	ue. er
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	3		: 1	
	13010 POSITANO CIR				<u>-</u> j=	AH 10: 02	المسالم	
	NEW Registered Office Address:				-		8	
	NAPLES, FI	34105			-			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registe ability of of the li limited	comp imited l liab	office and any, it is d liability	d the business s hereby confi y company or apany.	office of irmed that	the reg t the ch	gistered ange(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee					
I here provisi the obi to mer notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I din writing of this change.	ree to a perfori d for in hereby	ct in manc Cha confi	this capa e of my a pter 605, rm that t	acity. I furthe duties, and I d , F.S. Or, if t the limited lia	er agree to um familio his docun ibility con	o comp ar with nent is npany i	ly with the and accept being filed has been
Signatu	re of Registered Agent							