123000310500

| (Requestor's Name) | |
|---|----|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | IL |
| | |
| (Business Entity Name) | |
| (Danisa A Nisa kas) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| J DEYWAS | |
| 607 - 3 2023 | |
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Office Use Only



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09/22/23--01012--007 **35.00

TO:

| Division of Corporations | |
|---|---|
| SUBJECT: Cowan Boyd, PLLC Name of Corporation | |
| DOCUMENT NUMBER: L23000310500 | |
| The enclosed Statement of Change of Register | red Office/Agent and fee are submitted for filing |
| Please return all correspondence concerning th | is matter to the following: |
| | |
| Donald S. Boyd | |
| Name of Contact Person | - A - A - A - A - A - A - A - A - A - A |
| Cowan Boyd, PLLC | |
| Firm/Company | |
| 4850 Tamiami Trail North, Ste. 301 | |
| Address | |
| Naples, FL 34103 | |
| City/State and Zip Code | |
| donald@cowanboyd.com | |
| E-mail address: (to be used for future annu | al report notification) |
| | , |
| For further information concerning this matter, | , please call: |
| Donald S. Boyd | (239 \ \427-3646 |

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

Name of Contact Person

Street Address:

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

Area Code & Daytime Telephone Number

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | provisions of sections 607.0502, 6 inge is submitted for a corporation | | | | | s, this | |
|--|---|--|-------------------|------------------|--------------------------------|--------------------------------|----------------------------|
| in orde | er to change its registered office or | registered ag | gent, or both, in | the State of F | Iorida. | | |
| 1. The name of | the corporation: Cowan Boyd, PLL | C | | | | | |
| | office address: 4850 Tamiami Trail | | 01, Naples, FL 3 | 4103 | | | |
| 3. The mailing a | address (if different): | | | | | | |
| 1. Date of incorporation/qualification: 06/28/2023 Document number: 1.23000310 | | | | | | | |
| | d street address of the current registerment of State: (If resigned, enter i | | nd registered off | īce on fīle wi | ith the | 207 | |
| | Donald S. Boyd | | | | - TECRE | 13 SE | |
| | 19800 Beverly Park Road | | | | | P 22 | Fil. |
| | Estero, FL 33928 | | , | | | AH | |
| 6. The name and (if changed): | i street address of the new registere | ed agent (if cl | hanged) and /or | registered of | fice | 2023 SEP 22 AH 10: 16 | |
| | Donald S. Boyd | | | | _ | | |
| | 4850 Tamiami Trail North, Stc. 301 | l | | | | | |
| | | P.O. Box NOT a | cceptable | | - | | |
| | Naples, FL 34103-3034 | | | | - | | |
| The street address changed will | ess of its registered office and the be identical. | street addres | ss of the busines | ss office of it | s regis | tered a | gent, |
| Such change was authorized by the | as authorized by resolution duly a ne board, or the corporation has be | | _ | - | | | |
| All. | estot) | Don | ald S. Boyd, | s Manag | ging | Mem | 5er |
| | re of an officer or director | | | yped name and ti | tle | | |
| I further agree of my duties, ar document is bei | the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this c | ill statutes re he obligation e in the regis | lative to the pro | oper and con | nplete p d agent by conf | perform t. Or, i ìrm tha | tance if this it the |
| The same | (Broy) | Sept | ember 20, 2023 | | | | |
| Sig | nature of Registered Agent | | | Date | | | |
| If signing on bo | half of an entity: | | | | | | |
| Cowan Boyd, PI | | - | | | | | |
| 1 | yped or Printed Name | | | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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