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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
ELAINE DENISE COOPER, PLLC

Certificate of Status	0
Certified Copy	1
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K. SALY

DEC - 9 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELAINE DENISE COOPER, PLLC
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:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

laniecooper@gmail.com

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

For further information concerning this matter, please call:

Mike Town

800

773-0888 ext 9724

at ()

Name of Person

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 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: ELAINE DENISE COOPER, PLLC

2. (a) _____ (b) _____
Principal office address of limited liability company: _____ Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

31 Village Center Dr.

31 Village Center Dr.

HOMOSASSA, FL 34446

HOMOSASSA, FL 34446

11/21/2024

L24000492549

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
MICHAEL D COOPER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

31 Village Center Dr.

HOMOSASSA, FL 34446

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

Elaine Denise Cooper

NEW Registered Office Address:

31 Village Center Dr.

Homosassa, FL 34446

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.

/S/ Elaine Denise Cooper

Elaine Denise Cooper

Signature of a member or authorized representative of a member

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.

/S/ Elaine Denise Cooper

Elaine Denise Cooper

Signature of Registered Agent

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