4050000560

(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:

Office Use Only



100399614861

2023 FEB -8 AH 9: 4: SECLEZ HASSEE, FL



J 21912023

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/08/23

NAME: COTTAM LLC

TYPE OF FILING: REGISTERED AGENT CHANGE

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Cottam LLC SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to t	he following:
Hannah Amato		
Name of Person		·
IBCF, Inc		
Firm/Company	···	
407 N. Highland Ave		
Address		
Nyack, NY, 10960		
City/State and Zip Cod	e	
Hamato@ibcf.com		
E-mail address: (to be used for future a	annual report no	tification)
For further information concerning this matter	ter, please cali:	
Hannah Amato	845 at (3980900)
Name of Person		Area Code & Daytime Telephone Numbe
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 followi	ing 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.

(a)	USA Corporate Services Inc.	(b) USA Co	rporate Service	s Inc.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u></u>	_	s of limited liability company: **BE POST OFFICE BOX**)
	19 W. 34th St. #1018		19 W. 34	th St. #1018	
	New York, NY 10001	_	New Yor	k, NY 10001	
	01/26/2005		M0500000	0560	
	Date of filing/registration in Florida	4.		Document i	number
(a)	USA Corporate Services Inc.				
(-)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of Sta	ate:	
					20 S
	Registered Office Address MUST BE FLORIDA STREET	DDRES	<u>5)</u>)23 F
	19 W. 34th St. #1018				
	New York, FL_	10001			23FEB-8 AM
(b)	Legaline Corporate Services Inc.				SSEE S
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:		S.FL.
	NEW Registered Office Address:		. .	_	
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	<u>-</u>	_	_	
	FORT MYERS , FL	33907			
nge nt w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co the lim imited l	ed office ar ompany, it i nited liabili	nd the busines is hereby conf ty company of mpany.	s office of the registered irmed that the change(s)
1 /				VI 1 1 1	, tuli lu

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

Signature of Registered Agent