

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.

(((H170000555473)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COHEN FUND AUDIT SERVICES, LTD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

***Please honor original submission date

Electronic Filing Menu

Corporate Filing Menu

Help J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cohen Fund Audit Se	Ervices, Ltd. Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	e submitted for filing
Please return all correspondence concerning this	•
1 louise return an correspondence concerning this	matter to the following.
Lisa R. Samblanet - Paralega	al
Name of Person	
Ice Miller LLLP	
Firm/Company	
250 West Street -Suite 700	, Dec
Address	
0 011 4004	
Columbus, OH 43215	
City/State and Zip Code	
lisa.samblanet@icemiller.con	n
E-mail address: (to be used for future annual re	
For further information concerning this matter, ple	
Lisa R. Samblanet - Paralegal	, 614 <u>462-1045</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	. •

850-617-6381

3/1/2017 9:55:06 AM PAGE 1/001 Fax Server



March 1, 2017

FLORIDA DEPARTMENT OF STATE

COHEN FUND AUDIT SERVICES, LTD, LLC
1350 EUCLID AVENUE SUITE 800
CLEVELAND, OH 44115

SUBJECT: COMEN FUND AUDIT SERVICES, LTD, LLC

PEF: M15000004181

SECHETARY OF STATE AT EACH OF SOPPOSATIONS

11th

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Acceptable suffix must be included on line 5 after Cohen & company, Ltd.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H17000055547 Letter Number: 217A00003881

PALLAHÁSSÉE, FÍ ORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	
State: Cohen Fund Audit Services,	Ltd., LLC
Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
2. The Florida document number of this limited lia	bility company is: M15000004181
3. Jurisdiction of its organization: Ohio	
4. Date authorized to do business in Florida: 05/	27/2015
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company: (must	ohen & Company, Ltd., LLC contain "Limited Liability Company, " "LL.C.," or "LLC.")
Cohen Public Accountancy Firm, L	
copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	N CE
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida Street Address
 -	, Florida
the provisions of all statutes relative to the proper	gistered Agent: It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or. if this in the registered office address, I hereby confirm that the limited

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: n/a				
lc/ Capacity	<u>Name</u>	Address	Type of Actio	
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		and the second s	Add	
			Remove	
			Add	

Typed or printed name of signee

Randall S. Myeroff - Manager

Filing Fee: \$25.00

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

of Cohen & Company, Ltd. (Name of Limited Liability Company)	
a limited liability company duly organized and existing under	er the laws of
Ohio	
(State or Country of Organization)	
Because the name of this foreign limited liability company of	loes not satisfy the
requirements of the s. 605.0112, F.S., the limited liability co	mpany hereby adopts the
following name to transact business in the state of Florida:	
Cohen Public Accountancy Firm, Ltd. LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must c Company, L.L.C., or I.J.C.)	ontain Limited Liability
Conday & 1	0 2/3/3/ /2017
Signature Authorized Person	Date

CR2E122 (12/13)

COHEN & COMPANY, LTD.

BOARD OF MANAGERS

MI WALL Phillip

Steve Japan

The Allaho

Robert Velotta

Magare a M. Coth

Margarei A. McCaffrey

Mark E. Schikovski

Phillip J. Baptiste

Nevin Nussbaum

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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Certificate of Amendment of COHEN FUND AUDIT SERVICES, LTD., an Ohio Limited Liability Company, Registration No. 1413371, changing its corporate title to: COHEN & COMPANY, LTD., was filed September 16, 2016. Said Limited Liability Company, COHEN & COMPANY, LTD., an Ohio Limited Liability Company, Registration No. 1413371, was registered on September 26, 2003, is in FULL FORCE AND EFFECT upon the records of this office.



for thou

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of February, A.D. 2017.

Ohio Secretary of State

Validation Number: 201705500436