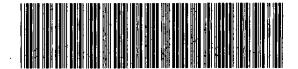
NO7000004527

(Requesto	r's Name)
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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RP1 Change

06/06/08--01008--025 **35.00



ASR 6/11/08

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Patrick Adam Cooley Foundation, Inc. (Name of Corporation)	
DOCUMENT NUMBER: NO 7 0 0 0 0 0 4 3 2 7	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary Leefa Cooley (Name of Contact Person) Patrick Adam Cooley Foundation, Inc. (Firm/Company)	
1300 Fir Court (Address)	
Tarpon Spring 5 FL 34689 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Leeta Cooley at (727) 934-7689 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Patrick Adam Cooley Foundation, Inc.
2. The principal office address: 1300 fir Coust / Taspon Springs, FL. 34689
3. The mailing address (if different):
4. Date of incorporation/qualification: 5-4-2007 Document number: NO7000004527
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Shear, Robert L. ESQ
2650 McCorMick Dr. Suite # 150 = 7
Clearwater Fl. 33759
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mary Leeta Cooley
1300 Fir Court (P.O Box NOT acceptable)
Tarpon Springs, FL 34689
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its heard of directors or by an officer so
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Mary Leefa Cooley (Signiture of an officer or director) Mary Leefa Cooley (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
May Lufa Cooley (0-4-08) (Date)
If signing on behalf of an entity:
Mary Leeta Cooley (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)