

N11627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

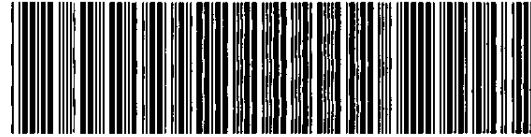
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300210333593

07/27/11--01005--012 **35.00

RECEIVED
DIVISION OF CORPORATIONS
13 JUL 27 AM 8:45

R.A. Chq.
C.COULLETTE
JUL 28 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COOPPA, INC.
Name of Corporation

DOCUMENT NUMBER: N11627

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:

WILLIAM MOSES, V.P.
Name of Contact Person

COOPPA, INC.
Firm/Company

13550 SW 10TH STREET
Address

PEMBROKE PINES, FLORIDA 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM MOSES at (954) 437-8864
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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COOPPA, INC.
- 2. The principal office address: 13550 SW 10TH STREET, PEMBROKE PINES, FL 33027
- 3. The mailing address (if different): (SAME)
- 4. Date of incorporation/qualification: 10/17/1985 Document number: N11627
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LARRY Z. GLICKMAN, ESQ.
1850 SW FOUNTAINVIEW BLVD., SUITE 207
PORT SAINT LUCIE, FLORIDA 34986

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.
7777 GLADES ROAD, SUITE 400
P.O. Box NOT acceptable
BOCA RATON, FLORIDA 33434

FILED
 DIVISION OF CORPORATIONS
 17 JUL 27 AM 8:45

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 board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Moses V.P. William Moses V.P.
Signature of an officer or director 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.

[Signature] JULY 21, 2011
Signature of Registered Agent Date

If signing on behalf of an entity:
ANDREW B. BLASI, V.P.
Typed or Printed Name

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