

N11627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

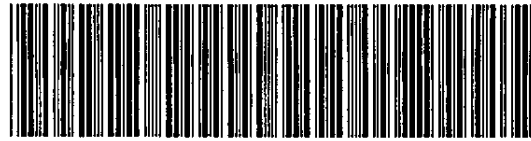
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 22 2018  
I ALBRITTON

**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:

Patrice Lawson

Name of Contact Person

PeytonBolin, PL

Firm/Company

3343 W. Commercial Blvd, Suite 100

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

cpp271@aol.com

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

For further information concerning this matter, please call:

Patrice Lawson

Name of Contact Person

at ( 954 ) 316-1339

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2018

PATRICE LAWSON  
PEYTONBOLIN, PL  
3343 W. COMMERCIAL BLVD - STE. 100  
FORT LAUDERDALE, FL 33309

SUBJECT: COOPPA, INC.  
Ref. Number: N11627

We have received your document for COOPPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature of the officer/director signing the document is not acceptable as it must be handwritten not typed.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 118A00002446

RECEIVED  
18 FEB 22 PM 2:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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): \_\_\_\_\_

4. Date of incorporation/qualification: 07/25/2011 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)

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.

7777 GLADES RD STE 400

BOCA RATON, FL 33434

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

PEYTONBOLIN, PL

3343 W COMMERCIAL BLVD, SUITE 100

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33309

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

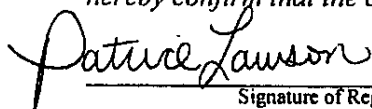
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Wendell Ensey

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.*



FOR PEYTONBOLIN, PL

Signature of Registered Agent

02-15-2018

Date

If signing on behalf of an entity:

PEYTONBOLIN, PL

Typed or Printed Name

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