N13000010827		
(Requestor's Name) (Address) (Address)	200398134882	
(City/State/Zip/Phone #)	12/03/2201008011 **35.00	
(Business Entity Name) (Document Number)	2022 DEC	
Certified Copies Certificates of Status	2022 DEC - 9 PH 6: 11	
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S. PRATHE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Coolany Inc.

DOCUMENT NUMBER: 1/13000010827

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:

Isoac Nehick	
Name of Contact Person	
Firm/Company	
875 NE MAST	
Address Miami, FL 33162	
City/State and Zip Code	
Sabbinehick Ghotmall. Com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ISAAL Melnet at (786) 351-0491 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the co	rporation: <u>Coolanne Inc</u>
2. The principal office	address: 875 NE 1785T, Wiguni, FL 33162
3. The mailing address	s (if different):
4. Date of incorporation	on/qualification: 12/4/2013 Document number: <u>113000010827</u>
	t address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)
	United States Corporation Agents Inc
	United States Corporation Agents Inc 5575 S. Semaran Blud. #36
	ORlando, FL 32822
6. The name and stree (if changed):	t address of the new registered agent (if changed) and /or registered office $\frac{1}{1}$
	Israc Melneck
	P.O. Box NOT acceptable = Migni FL 33162

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.

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. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

12/06/2022

If signing on behalf of an entity:

I-SAAC Melnick

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 (2010 3)