

N18000009456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

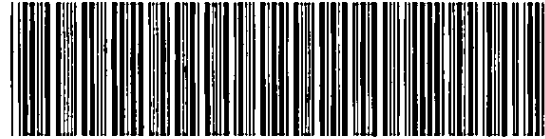
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMONWEALTH COWORKING, INC.
Name of Corporation

DOCUMENT NUMBER: N18000009456

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:

Victoria McColm

Name of Contact Person

COMMONWEALTH COWORKING, INC.

Firm/Company

320 ST. JOHNS AVE. STE. 103

Address

PALATKA, FL 32177

City/State and Zip Code

payments@mcclomandco.com

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

For further information concerning this matter, please call:

Victoria McColm

Name of Contact Person

at (202) 669-2978
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

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: COMMONWEALTH COWORKING, INC.
2. The principal office address: 320 St Johns Ave, Suite 103, Palatka, FL 32177

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/31/2018 Document number: N18000009456

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)

United States Corporation Agents, Inc.

5575 S Semoran Blvd, Suite 36

Orlando, FL 32822

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

Victoria McColm

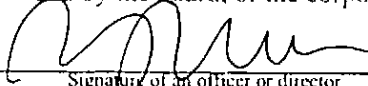
320 ST Johns Ave, Suite 103

P.O. Box NOT acceptable

Palatka, FL 32177

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.

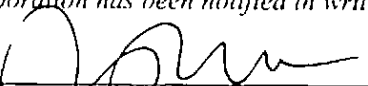


Signature of an officer or director

Victoria McColm

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 of Registered Agent

2 Dec 2020

Date

If signing on behalf of an entity:

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 (04/13)