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2019 SEP 19 AM 8:34

SECRET
TALLAHASSEE, FL

SEP 24 2019

C. KIRK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

RICHARD MEYER
3521 NW 96 AVE
HOLLYWOOD, FL 33024

SUBJECT: COMMUNITY OUTREACH PROGRAMS, INC.
Ref. Number: N19000002003

We have received your document for COMMUNITY OUTREACH PROGRAMS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 619A00016154

RECEIVED
2019 SEP 19 PM 12:10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Outreach Programs, Inc
Name of Corporation

DOCUMENT NUMBER: N19000002003

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:

Richard Meyer

Name of Contact Person

Community Outreach Programs, Inc.

Firm/Company

3521 NW 36 Avenue

Address

Hollywood, FL 33009

City, State and Zip

Rich@COP123.com

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

For further information concerning this matter, please call:

Richard Meyer

Name of Contact Person

354

5933550

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 637
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Chilton Building
1001 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 607.0503, 607.0504, or 607.1508, 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: COMMUNITY OUTREACH PROGRAMS, INC
2. The principal office address: 4230 ABBEY LANE, TITUSVILLE, FL 32796

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/25/19 Document number: N19000002003

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):

US CORPORATION AGENTS
13302 WILLOW OAK COURT #A
TAMPA, FL 33612 RESIGNED

STATE
TALLAHASSEE, FL

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

Richard Meyer

3521 N. W. 10th Avenue

4230 ABBEY LANE

PO Box 201, Tallahassee, FL 32301

Hollywood, FL 33021

Titusville, FL 32796

32796

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 the person(s) who adopted the change, by the board of directors or by an officer so
authorized by the board, or the corporation has been notified 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 relating 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

Date

If signing on behalf of an entity:

Typed or Printed Name