

N95000004630

(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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RATERO change

09/03/22--01002--007 \*\*140.00

FILED  
2022 SEP -8 AM 10:35  
2022 SEP -8 PM 5:07  
RECEIVED  
CLERK OF SUPERIOR COURT  
JANUARY 11, 2022

A. RAMSEY

SEP -9 2022

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

*C/H P Cove, Inc.*

FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_\_ CERTIFIED COPY ☒ PHOTOCOPY \_\_\_\_ C.U.S.

### FILING:

\_\_\_\_ CORPORATION \_\_\_\_ LLC \_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_ GENERAL PARTNERSHIP

\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICE MARK/TRADEMARK \_\_\_\_ AMENDMENT

\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_ JUDGMENT LIEN

\_\_\_\_ OTHER *RA Change*

### RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY

Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE *9/8/22* TIME \_\_\_\_\_

Notes: \_\_\_\_\_

**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: C/HP Cove, Inc.
2. The principal office address: 122 East 42nd Street, Suite #4900, New York, NY 10168
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/29/1995 Document number: N95000004630
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)

COGENCY GLOBAL INC.

115 North Calhoun St., Suite 4

Tallahassee, FL 32301

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

Universal Registered Agents, Inc.

1317 California Street

P.O. Box NOT acceptable

Tallahassee, FL 32304

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.

/s/ Thomas Vaccaro

Signature of an officer or director

Thomas Vaccaro, Secretary

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

09/01/2022

Date

If signing on behalf of an entity:

Ashton Villegas, Secretary

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)