

PU1000 109256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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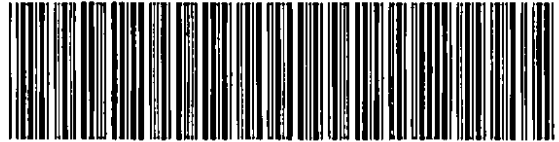
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cofield & Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: PO1000109256

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:

Nancy L. Cofield

Name of Contact Person

Cofield & Associates, Inc.

Firm/Company

194 Laterra Links Cir., Unit 201

Address

Saint Augustine, FL 32092

City/State and Zip Code

cofieldn@bellsouth.net

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

For further information concerning this matter, please call:

Nancy L. Cofield

Name of Contact Person

at (904) 5099996

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

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DEPARTMENT OF STATE
JAN 12 2011

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: Cofield & Associates, Inc.
2. The principal office address: 194 Laterra Links Circle, Unit 201, Saint Augustine, FL 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: November 14, 2001 Document number: PO1000109256
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)

~~194 Laterra Links Circle~~ 2208 Chimney Court
~~Unit 201~~
Saint Augustine, FL 32092 - 3637

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

194 Laterra Links Circle
Unit 201
P.O. Box NOT acceptable
Saint Augustine, FL 32092

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.

Nancy L. Cofield
Signature of an officer or director

Nancy L. Cofield, President
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.

Nancy L. Cofield
Signature of Registered Agent

August 7, 2020

Date

If signing on behalf of an entity:

Nancy L. Cofield

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)