## P0200068697

(Re	equestor's Name)			
(Ac	ldress)			
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SECRETARY OF STATE
TALLAND SSEE, FLORIDA

JUN 3 0 2015 T CANNON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

## SUBJECT: Copenhaver Consulting Inc

Name of Corporation

DOCUMENT NUMBER:

202000068697

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:

Jan C Weber

Name of Contact Person

Registered Agents Inc

Firm/Company

3030 N. Rocky Point Dr. Ste 150A

Address

Tampa FL 33607

City/State and Zip Code

jan.weber@ccirenewableenergy.com

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

For further information concerning this matter, please call:

Jan C Weber

,808

987-4351

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz to change its registered office or register	ed under the laws of the State of Florida	a	F	
1. The name of t	he corporation: Copenhaver Consu	lting,Inc.			
2. The principal Tampa FI	* * * * * * * * * * * * * * * * * * * *	t Dr, Ste 150A		<del></del>	
	<sub>ldress (if different):</sub> 639 Patterson R Iaria CA 93455	Rd,			
4. Date of incorporation/qualification: 06/21/02 Document number: P02000068697					
5. The name and	street address of the current registered age	ent and registered office on file with the			
	Copenhaver, Lynn L				
	3301 US Hwy 19N Lot 255			S A I	
	Dunedin FL 33465		ECRE LLVH		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		(if changed) and /or registered office	JUN 19 PM	FILED MRY OF ASSEELS	
REGISTERED AGENTS INC.		NTS INC.	2: 5	STAI	
3030 N. Rocky Point Drive, STE 150A			9	IDA AU	
	P.O. Box NOT ac Tampa, FL 33607	ceptable			
The street addre	ss of its registered office and the street ac be identical.	ddress of the business office of its regi	stered	agent,	
	s authorized by resolution duly adopted be board, or the corporation has been notif		r so		
inclueber		Jan C. Weber, Secretary			
I further agree to performance of	the appointment as registered agent and a comply with the provisions of all statute my duties, and I am familiar with and access document is being filed merely to reflect hat the corporation has been notified in the corporation has b	es relative to the proper and complete sent the obligation of my position as re	egister Iress, 1	ed !	
Bell 06/14/2015		<u> </u>		<del></del>	
If signing on be	nalf of an entity:	Date			
Bill Havre	- President ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*