P08000038024

(Requi	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	tate/Zip/Phone) #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



400213358944

10/20/11--01019--003 **35.00

RA Boch

11 DCT 31 PM 3: 47
SECRETARY OF STATE
SECRETARY OF STATE

1 12 11/1



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2011

ROBERT F. COOKE, ESQ. COOKE LAW GROUP 8925 S.W. 148TH ST STE 100 PALMETTO BAY, FL 33176

SUBJECT: ROBERT F. COOKE P.A.

Ref. Number: P08000038024

We have received your document for ROBERT F. COOKE P.A. 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.

Complete registered agent name in block #6.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00024091

COVER LETTER

TO:	Amendment Section Division of Corporation	ons			
SUBJI	ЕСТ:	Robert F. Co	oke, P.A.		
DOCU	JMENT NUMBER:	P08	000038024		
The en	closed Statement of Ch	ange of Registered Offic	e/Agent and fee are subm	itted for filing.	
Please	return all corresponden	ce concerning this matte	r to the following:		
		Robert F. C	Cooke, Esq.		
		Name of Co	ntact Person		
	Cooke Law Group				
			ompany		
	8925 S.W. 148th Street, Suite 100 Address				
		Add	ress		
		Dalmada Da	51 00470		
		Palmetto Ba	y, Fl 33176 nd Zip Code		
	F-mail ad	rfc@rfc-la dress: (to be used for f	aw.com uture annual report noti	fication)	
	L-man ad	aress. (to be used for t	uture aimuai, report noti	incation)	
For fur	ther information concer	ning this matter, please	call:		
	Robert F. Co		at (305)	259-8054 ime Telephone Number	
	Name of Conta	ct Person	Area Code & Dayt	ime Telephone Number	
Enclos	ed is a \$35.00 check ma	nde payable to the Depar	tment of State.		
	Divis P.O.	ng Address: Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, 6r 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Robert F. Cooke, P.A.
	office address: 8925 S.W. 148th Street, Suite 100
	Bay, FL 33176
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/20/2008 Document number: P08000038024
	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)
	The Cooke Law Group, LLLP
	8925 S.W. 148th Street, Suite 100
	Palmetto Bay, FL 33176
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Cooke Law Group
	8925 S.W. 148th Street, Suite 100
	P.O. Box NOT acceptable
	Palmetto Bay, FL 33176
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signatur	Robert F. Cooke, Esq., Owner Printed or typed name and title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of a militar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
11/ Sign	No -21 - 11 nature of Registered Agent Date
	half of an entity:
ту	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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