

P09000086719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

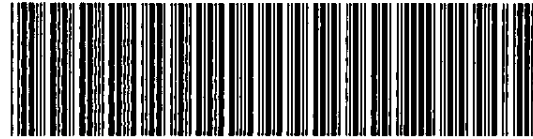
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214622014

12/05/11--01006--015 **35.00

FILED
11 DEC 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

enew
12/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COWART Consulting Group
Name of Corporation

DOCUMENT NUMBER: P09000086719

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:

Charles Cowart
Name of Contact Person

Cowart Consulting Group
Firm/Company

5494 E. Point Dr.
Address

Maricetta GA 30068
City/State and Zip Code

Chuck.COWART@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Cowart at (404) 588 2420
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2011

CHARLES A COWART
5494 E POINT DR
MARIETTA, GA 30068

SUBJECT: COWART CONSULTING GROUP INC.
Ref. Number: P09000086719

We have received your document for COWART CONSULTING GROUP 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 the proper form(s) with instructions for your convenience.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 111A00027240

**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: COWART Consulting Group
2. The principal office address: 5494 E. Point Dr.
Maricetta, GA 30068
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/21/2009 Document number: P09000086719

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)

Charles A. Cowart
30 N. GREEN TURTLE LN
ROSEMARY BEACH, FL 32461


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

Courtney A. Cowart
1201 EAST Sunrise Blvd, Apt 601
P.O. Box NOT acceptable
Ft. Lauderdale, FL, 33304

FILED
71 DEC 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

CHARLES A COWART, 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.


Signature of Registered Agent

12/01/2011
Date

If signing on behalf of an entity:

COURTNEY A. COWART
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 (8/05)