

PO9000098198

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** George Corp Promotions, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000098198

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:

Gail J. Coop  
Name of Contact Person

George Corp Promotions, Inc  
Firm/Company

104 Capi Isles Blvd #209  
Address

Venice, FL 34292  
City/State and Zip Code

coopinc@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Coop at (941) 408-9267  
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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: George Coop Promotions, Inc  
2. The principal office address: 104 Capri Isles Blvd. #209  
Venice, FL  
3. The mailing address (if different): same  
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P09000098198

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)

Gail J. Coop  
455 Pinewood Lk Dr  
Venice FL 34285

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

Gail J. Coop  
104 Capri Isles Blvd #209  
Venice, FL 34292  
P.O. Box NOT acceptable

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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.

Gail J. Coop  
Signature of an officer or director

Gail J. Coop  
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.*

Gail J. Coop  
Signature of Registered Agent

8/13/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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