

P11000006753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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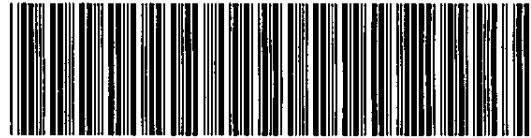
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 9 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Law Offices of Adam Cohen, PA
Name of Corporation

DOCUMENT NUMBER: P11000006753

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:

Adam Cohen

Name of Contact Person

The Law Offices of Adam Cohen PA

Firm/Company

61 Collins Ave, #403

Address

Miami Beach, FL 33139

City/State and Zip Code

Cohen.Adam.S@gmail.com

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

For further information concerning this matter, please call:

Adam Cohen

Name of Contact Person

at (305) 799 1255

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

1. The name of the corporation: The Law Offices of Adam Cohen PA
2. The principal office address: 61 Collins Ave Apt 403
Miami Beach, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/20/2011 Document number: P11 0A546 6753

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)

Adam Cohen
1 NE 2nd Ave Ste 200
Miami, FL 33132

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

61 Collins Ave #403
P.O. Box NOT acceptable
Miami Beach, FL 33139

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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]
Signature of an officer or director

Adam Cohen
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]
Signature of Registered Agent

11/25/13
Date

If signing on behalf of an entity:

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