

PI10000061839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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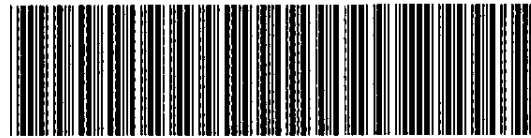
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COHEN100, CORP

Name of Corporation

DOCUMENT NUMBER: P11000061839

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA COHEN

Name of Contact Person

COHEN100, CORP

Firm/Company

2200 NE 33RD AVE. APT#3E

Address

FORT LAUDERDALE, FL 33305

City/State and Zip Code

BILLCO1066@COMCAST.NET

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

For further information concerning this matter, please call:

PATRICIA COHEN

Name of Contact Person

at (954) 865-7902

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

